VS. A15 -- 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	00870
CERTIFICATE OF DEATH Reg. Dist.	No. 23/
1. PLACE OF DEATH: COUNTY COUNTY CITY (If outside corporate limits, write KURAL LENGTH OF STAY OR and give nearest town) 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY (If outside corporate limits, write RURAL and OR	ue Dunge
OR and give nearest town OR TOWN TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS NAME OF (First) (Middle) (Last) OR TOWN TOWN (It rural give location) (Month) (Date of the control of the cont	boro X
DECEASED: (Type or Print) William FLAINELL HCTON OF DEATH: Jan - 2	(Year) 2 1956
RACE: WIDOWED, DIVORCED. 8-24-175 80 yrs. Months Da	Hours Min.
work done during most of working life, or INDUSTRY: even if retirements with the state of the st	S. A.
13. FATHER'S NAME: WKNOWN 14. MOTHER'S MAIDEN NAME: WKNOWN	
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO. 17 INFORMANT & ADDRESS:	ols.
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 19. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH OUT TO DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	INTERVAL BETWEEN ONSET AND DEATH
E IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, office bldg., etc. INJURY OCCUR? 21b. PLACE (Home, farm, factory, office bldg., etc. INJURY OCCUR? 21c. Time (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21c. WHERE DID (City or town) (County of INJURY OCCUR?)	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	
22. I hereby certify that I attended the deceased from 21 19.56 to .30. 22, 19.56, that I last alive on .32	tated above. E SIGNED 1/22/16
Removal 1/30/52 anatomicational Balto	· mot.
DATE RECID BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 56 Andrida Downe, Toasels for Hydrida	talk Will

Joana Molifie Company or Lite Hoof Denda nente. Strate. sparred BH

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MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18 Reg. Dist.
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No. 245
. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Prince George's MARYLAND	STATE Maryland county Anne Arundel
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and give nearest town)
OR and give nearest town) TOWN Riverdale, Maryland D. (in this place)	Town Annapolis
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital	STREET (If rural, give location) ADDRESS Annapolis Crossroads.
NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Morton Eugene Ba	ker DEATH January 20, 19 56
RACE: WIDOWED, DIVORCED,	E OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
Male white (Specify): married Jan Oa. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O), 1433 23 yrs. 1
work done during most of work life, even if retired): Flumber Stumper Co	Washington D. C. Country:
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Elmer W. Baker	Iva E. Poe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS: 1130 Knawha St.
(Yes, no, or unk.) (If Yes, give war or dates of service) no	Thomas E. Poe Langley Park, Maryland.
18. MEDIC DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION INTERVAL BETWEEN
0111	ONSET AND DEATH
Immediate cause (a) Hemorrha	
Immediate cause (a) Wemonhay Antecedent cause(s)	grashoele
Immediate cause (a) Semonths DUE TO Antecedent cause(s) Diseases or conditions, if any. (b) Compound	
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO Stating underlying cause last	grashoele
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last C. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	grashoele
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) Diseases or Conditions (d) DUE TO DUE TO STATISTICS (c) DIASE OF SHALL (d) DIASE OF SHALL (e) DIASE OF SHALL (f) DIASE OF SHALL (g) DIASE OF SHALL (h) DIASE OF SHAL	grashoele
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause batting underlying cause last (c) I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause batting underlying cause last (c) I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last C. OLARGO SUMMER TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 11a. EXTERNAL CAUSE WAS CAUSE WAS CAUSE OF DEATH. 12b. PLACE (Home, farm, factory OF street, office bilg., etc. Injury Cause bilg., etc. Injury Cause bilg., etc.	20. AUTOPSY? Yes No [] 21ch (City or town) 21ch (City or town) (State)
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last C. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 19a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING OF Street office bilg., etc. CAUSE OF DEATH. 21b. PLACE (Home, farm, factory OF street office bilg., etc. INJURY OCCURRED OF OPERATION: 21c. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF While at Not while INJURY OF At work INTURED OF OPERATION.	20. AUTOPSY? Yes No 21ch (City or town) 21ch (How DID INJURY OCCUPY) 21ch (How DID INJURY OCCUPY) 21ch (County) (State) 21ch (City or town) (State)
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause batting underlying cause last Compared to the above cause of the conditions of the conditi	20. AUTOPSY? Yes No 20. AUTOPSY? Yes No (State) 21. HOW DID INJURY OCCUP! The same and same a
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause of the stating underlying cause last Colored To The Death But not related to The DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Ba. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: Cla. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING OF Street office blig, etc. INJURY CAUSE OF DEATH. Cla. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY OF MAJOR FINDING OF OPERATION: 22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes , Acci	20. AUTOPSY? Yes No 21c (City or town) 3c (City or town) 4c (City or town) 4c (City or town) 4c (City or town) 5c (City or town) 4c (City or town) 5c (City or town) 6c (City or town) 6c (City or town) 6c (City or town) 6c (City or town) 7c (County)
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last Colored To The Death But Not Related to The DISEASE OR CONDITION CAUSING DEATH. DISEASE OR CONDITION CAUSING DEATH. Cla. EXTERNAL CAUSE WAS PRIMARY Stor CONTRIBUTING OF Street office biles, etc. CAUSE OF DEATH. Cld. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 1 Course of the remains descripted that death resulted from: Natural causes . Accisionature	20. AUTOPSY? Yes No 20. AUTOPSY? Yes No (County) (State) 211. How DID INJURY Occurs? The standard of the county of the
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last C. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 19a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING OF Street office blig, etc. INJURY CAUSE OF DEATH. 21b. PLACE (Home, farm, factory OF Street office blig, etc. INJURY OCCURRED While at Work Mark of CONTRIBUTING OF OPERATION: 22c. I hereby certify that I took charge of the remains descrifted that death resulted from: Natural causes Accisionature 22d. BURIAL, CREMATION, DATE THEREOF NAME OF CEMERED ACCIDING THE CONTRIBUTION OF CEMERE OF THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTR	20. AUTOPSY? Yes No 21c (City or town) 3c (City or town) 4c (City or town) 4c (City or town) 4c (City or town) 5c (City or town) 4c (City or town) 5c (City or town) 6c (City or town) 6c (City or town) 6c (City or town) 6c (City or town) 7c (County)
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: PRIMARY BLOT CONTRIBUTING OF Street pffice blg., etc. INJURY COURRED While at Not while work of the remains descrifted that death resulted from: Natural causes Accident Removal (Specify): 1. DEPARTMENT OF STREET	20. AUTOPSY? Yes No 20. AUTOPSY? Yes No 21c (City or town) 21f. How Did INJURY OCCUR? 21f. How Did Injury A and dent A Suicide Homicide Undetermined cause CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DATE SIGNED DATE SIGNED CHIEF MEDICAL EXAMINER DATE SIGNED DATE SIGNED DATE SIGNED CHIEF MEDICAL EXAMINER DATE SIGNED DATE SIGNED CHIEF MEDICAL EXAMINER DATE SIGNED DATE SIGNED CHIEF MEDICAL EXAMINER DATE SIGNED CHIEF MEDICAL EXAMIN
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last Color of the death but not related to the death but not related to the death but not related to the death. DISEASE OR CONDITION CAUSING DEATH. DISEASE OR CONDITION CAUSING DEATH. DISEASE OR CONDITION: 19b. MAJOR FINDING OF OPERATION: Cla. EXTERNAL CAUSE WAS PRIMARY BOOK CONTRIBUTING OF Street effice bigs, etc. CAUSE OF DEATH.	20. AUTOPSY? Yes No 21cf (City or town) 21cf (Ci
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause but To stating underlying cause last Company of the dearth of the de	20. AUTOPSY? Yes No 20. AUTOPSY? Yes No 21c (City or town) 21f. How Did INJURY OCCUR? 21f. How Did Injury A and dent A Suicide Homicide Undetermined cause CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DATE SIGNED DATE SIGNED CHIEF MEDICAL EXAMINER DATE SIGNED DATE SIGNED DATE SIGNED CHIEF MEDICAL EXAMINER DATE SIGNED DATE SIGNED CHIEF MEDICAL EXAMINER DATE SIGNED DATE SIGNED CHIEF MEDICAL EXAMINER DATE SIGNED CHIEF MEDICAL EXAMIN

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARKIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00872

Reg. Dist. No.

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNTY	PRINCE GO
CITY (If outside corporate limits write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
CITY (If outside corporate limits write RURAL and VLENGTH OF STAY OR give hearest town (in this place)	TOWN HYRTTSVILLE	15
INSTITUTION OR SOIS - 36.74 PL	ADDRESS 5018 367% PL.	1
3. NAME OF (First) DECEASED (Type or Print) Sarina ROSARIA N. Ba:	rbagallo 4. DATE (Month) OF DEATH Jan.	(Pay) (Year) 28th 1956
5. SEX Female 6. COLOR OR RACE WIDOWED, MARRIED, WIDOWED, MIXTER, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months yrs.	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most plyworking life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	COUNTRY? US A
13. FATHER'S NAME SALVATORE BARBAGALLO	14. MOTHER'S MAIDEN NAME MARCELLINO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of service) 577-/4-0214	17. INFORMANT	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
422 Immediate cause (a) Congestive Heart F	ailure	9 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Disease	5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decubitus ulcer	's, sacrum with infection thereof	2 weeks
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Not While At work	HOW DID INJURY OCCUR?	And the state of t
22. I hereby certify that I attended the deceased from May 7	.51 Jan 28 56	
	2 Noon m., from the causes and on the date standard was sometimes of the standard was sometimes and the date standard was sometimes of the standard was some	
23. BURIAL, CREMATION DATE NAME OF CEMETER REMOVAL (Specify) 1/31/56 Mt. Olivet		y) (State)
DATE REC'D BY LOCAL PREGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1 9 1716 James devers	Rinardi Funeral none, 816 H St. N.	E. Wash. D. C.



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PLEASE

MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18	00873.
CERTIFICATE	E OF DEATH Reg. Dist.	No. 23/
Itom 9, Filmc192 1-31-56 et	2. USUAL RESIDENCE (HOME) OF DECEASED:	
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED!	0
COUNTY / CIACE (Sen 1925 MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE // / COUNTY / CITY (If outside corporate limits, write RURAL and	
OR and give nearest town) (in this place)	TOWN Suitland	a give induced bown,
HOSPITAL OR	STREET , (If rural give location)	X
STREET ADDRESS Tince Georges General Hospital	ADDRESS 46 48 Lamor Aus	nue
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Da	y) (Year)
(Type or Print) hobert	reach DEATH: / /e	
S. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	9. AGE last birthday IF UNDER 1 YE. Months Day	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. C	TIZEN OF WHAT
even if retired): Painter Tainting	Washington, D.C. U.	S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Minkutur	linknows	
(Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No.	Statistic Card	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO UE TO DUE TO DUE TO	11	INTERVAL BETWEEN ONSET AND DEATH
(C)		
II OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING</u> TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
0		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	(State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	3 , 196, to 1/15 , 1956 that I last s	aw the deceased
SIGNATURE Hum Woodels M	. D. 30. C Proje Rd. freulel he	SIGNED 1-15-56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) 1/18/U6 Cultural Cultural Thereof Name of Cemeter Thereof	ery or chematory buttons or a	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR 9	ADDRESS //

BUREAU V. S.

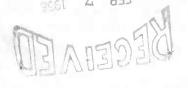
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	CERTIFICAT	E OF DEATI	Reg. Dis	st. No.
1.	PLACE OF DEATH:	2. USUAL RESIDEN	CE (HOME) OF DECEAS	ED:
38	COUNTY PRINCE GEORGES MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) TOWN LEVERY HO DOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS PRINCE GEO. Gen. HOSP	OR	porate limits, write RURAL (If rural give location	and give nearest town
	NAME OF (First) (Middle) DECEASED: (Type or Print) COLOR OR 7. SINGLE, MARRIED, 8. DATE MIDOWED DIVORCED.	(Last) OF BIRTH: 9	4. DATE (Month) OF DEATH: JOLY AGE last birthday IF UNDER	
	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FATHER'S NAME: (Specify) (Specify) (Specify) (OR INDUSTRY:	11. BIRTHPLACE (Sta	yrs. Months yrs. ate or foreign country): 12	Days Hours Min. CITIZEN OF WHAT COUNTRY?
	John H. BERRY	MARY	ANN LUC.	KETT
	(If Yes, give war or dates of service)	ANNIE SULL	4 4 44	NE AUE. S. W
	18. MEDICAL CERTIFICA	TION	- W	INTERVAL BETWEEN
I d	IMMEDIATE CAUSE (A) Longus h	ve heart for	ilure	ONSET AND DEATH
GI	ANTECEDENT CAUSE (8) SEASES OR CONDITIONS, IF ANY, VING RISE TO THE ABOVE CAUSE ATING UNDERLYING CAUSE LAST. (C) HA	Pleurse enosdensi;	effrsion !	
	OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING</u> TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A	. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N		20. AUTOPSY7
OR	ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factority of the place of DEATH OF INJURY street, office bldg.	etory, 21c. WHERE DID , etc. INJURY OCCUR?	(City or town) (Cou	nty) (State)
OF	TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work			
22.	I hereby certify that I attended the deceased from fau. alive on 19, 1956, and that death occurred at SIGNATURE 1990 1990 1990 1990 1990 1990 1990 199	4 5 30 A. M, from the ADDRESS	causes and on the date	
23.		TERY OR CREMATORY Chapel	LOCATION (City, town, Seax Plea	
	TE BEGIN BY LOCAL DECICEPABLE CICNATURE	24 FUNEDAL DIE	ECTOP * /	ADDRESS .



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963				HEALTH—BALTIMORE,	
MARYLAND	STATE	DEPARTMENT	\mathbf{OF}	HEALTH-BALTIMORE,	18

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MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	N. IY
WILLIAM CALL	DAAMIIN DIE S	CENTIFICATE	UL	DUALI	No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY COUNTY MARYLAND	STATE MA COUNTY /mel Sea-
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits write RURAL and give nearest town)
OR and give nearest town (in this place)	TOWN W. Jamban Hills
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS 767 merson Word	1 7767 Emerson Rd
3. NAME OF DECEASED: (Middle)	(Last) / 4. DATE (Month) (Day) (Year)
(Type or Print) Jamence Willen 10	165mm DEATH - 7 1956
RACE: WIDOWED, ONVORCED,	E OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
Wall While (Specify): Sing - //	-14-55 / weeks +15
10a. USUAL OCCUPATION (Give kind of work done during most of work life, INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
even if retired):	Washington Je. 14 J Fz
13. FATHEMS NAME:	14. MOTHER'S MAIDEN NAME?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.:	Darlana Willin
(Yes, no, or unk.) (If Yes, give war or dates of service)	I7. INFORMANT & ADDRESS:
	Talker - some address
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION INTERVAL BETWEEN
49/X	ONSET AND DEATH
Immediate cause (a) (Company	Ma
Antecedent cause(s)	
Diseases or conditions, if any, (b)	memona
giving rise to the above cause DUE TO stating underlying cause last	
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
2	Yes A No 🗆
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF street, office bldg., etc INJURY	(County) (State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	21f. HOW DID INJURY OCCUR?
INJURY M. work at work	
	bed above, held an Autopsy . Inspection , Inquiry , and
find that death resulted from: Natural causes Acci	dent □, Suicide □, Homicide □, Undétermined cause □. CHIEF MEDICAL EXAMINER □ DATE SIGNED
John J. Maloney (Hyattmille, md)	M. D. ASSISTANT MEDICAL EXAMINER 1 -2-56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR AUGUSTUS ADDRESS
Jun - 1 ~ manufactor in purgering	

SEET OF NA

BUREAU V. S.

20. AUTOPSY? Yes 🗌 No 🖹 (State)

DATE SIGNED

ADDRESS

(State)

Undetermined cause

Md.

Pr. Geo's

MARYLAND

day

21b. PLACE (Home, farm, factory, OF street, office plag., etc.,

21e. INJURY OCCURRED

Epiphany

Not while at work

NAME OF CEMETERY OR CREMATORY

INJURY

While at

work [

(Year)

DATE

'Q

THEREOF

REGISTRAR'S SIGNATURE

LENGTH OF STAY

(in this place)

correct

The

carefully. The

clearly information

of

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MARGIN RESERVED

HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr	. Geo's Ge	neral Hospi		ddress Lai	rgo l	Road	ural, give	e locatio	n)	/	
	'irst)	(Middle)	(Las	t)		DATE	(Mont	h) (1	Day)	(Year)	
DECEASED: (Type or Print) Mar	garet	Jane	Brad	shaw		OF DEATH	1		5	19 50	6
F. 6. COLOR RACE: Whit	(Specify)	Single Ma		1949		E last bi	yrs.	Months	Days	Hours	Min.
0a. USUAL OCCUPATION work done during most even if retired): Stu	(Give kind of tof work life, dent P	ublic Scho		Marylan		ate or for	reign cou	ntry):	12. CIT	IZEN OF INTRY!	WIIA
3. FATHER'S NAME:			14.	MOTHER'S MA	AIDEN :	NAME:					
Fairfax Bra	dshaw			Jennie Brown							
15. WAS DECEASED EVER IN U (Yes, no, or unk.) (If Yes, gi service)	J.S. ARMED FORCES? I ve war or dates of	6. Social Security No	.: 17. II	NFORMANT &	ADDRE	Je:	nnie per I			w Md	
DISEASES OR CONDITION S 2 X Immediate cause Antecedent cause(s) Diseases or conditions, if giving rise to the above stating underlying cause	(a) DUE TO f any, (b)		ma	& her	eur	lo she	u,	Ahe		TERVAL BE	
	(c)										

2. USUAL RESIDENCE (HOME) OF DECEASED:

Upper Marlboro

COUNTY

CITY (If outside corporate limits write RURAL and give nearest town)

(County)

LOCATION (City, town, or county)

Bros. Upper Marlboro,

Homicide [],

Forestville.

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

ASSISTANT MEDICAL EXAM.

Md.

21c. (City or town)

M. D.

Cemetery

21f. HOW DID INJURY

24. FUNERAL DIRECTOR

Ritchie

Suicide [],

STATE

TOWN

WRITE ro 0 V A15A PLE,

principal areas a management asknowledge Annual research principal and an experience of the state 34110 18 70 different games BUREAU V. S.

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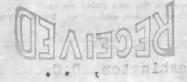
CERTIFICATE OF DEATH

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		. Arma	i eret			I. Braymon, J.	Edger

BUREAU V. S.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

please

especially important. Physicians:

correct age is

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write the causes of death clearly and legibly.

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9)7 MARYLAND STATE DEPARTMENT	r of health—Baltimore, 18	00878
9)7 MARYLAND STATE DEPARTMENT	OF DEATH Reg. Dist.	No. 23/
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	:
COUNTY Prince Gerge MARYLAND	STATE MORULAND COUNTY POINC	e George
CITY (If outside corporate limits write RURAL LENGTH OF STAY (in this place)	CITY(If outside derporate limits, write RURAL at OR	nd give nearest town)
HOSPITAL OR	STREET (If rural give location)	
Institution or Street address Prince Jorgen Jon, H	AODRESS	/
3. NAME OF (First) (Middle) (I DECEASED: (Type or Print)	S. OF	(Year) 19 5 %
	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	AR IF UNDER 24 HRS. Bys Hours Min.
(Specify): Widowed 12. M	ay 1885 / Orgrs.	
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired):		S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES: (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	
18. MEDICAL CERTIFICATI	ON	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	do 0 7-	ONSET AND DEATH
IMMEDIATE CAUSE (A)	te ca with	14.
ANTECEDENT CAUSE (S)	ele vara	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg.,	ory. 21c. WHERE OIO (City or town) (County etc., INJURY OCCUR?	r) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY While M. While at work		
22. I hereby certify that I attended the deceased from 12-2	/	
	1975, to	saw the deceased
alive on 1-3-, 1956, and that death occurred at SIGNATURE	// = 1, M, from the causes and on the date s	
SIGNATURE HULLS WOLDER	// = 1, M, from the causes and on the date s	tated above. E SIGNED 1-4-1956

DECEIVED 1956

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

963

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No 2 42

0			
The	1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED-	
	MARYLAND MARYLAND	Krus Tes Co mar	alad.
11y	CITY (If the ide corporate limits, write RUKAL and OR give learns town (in this place)	CITY (If outside corporate limits, write RURAL and giv	nearest town)
efu	HOSPITAZ OR	TOWN (If rural, give loo (tigh)	X
Supply every item of information carefully. write the causes of death clearly and legibly.	INSTITUTION OR	ADDRESS (If rural, give logation)	/
an	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
ati	(Type or Print) Session Dudley	Brown DEATH ASS	12. 500
lea	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under I	year If under 24 hrs.
infe b c	male Coflered WIDOWED, DIVORCED, (Specify)	1000-121 / EK / / ym.	Days Hours Min.
of	10a. USUAL OCCUPATION Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
E P	- Janvier Jerry	fring des co. per	du g
ite es c	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
aus	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
De C	(Yes, no or unknown) (If yes, rive war or dates of service)	- Lacis Brown (So	21)
oly th	18. MEDICAL CE	RTIFICATION	
upp	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	1444 Pantation	Carcinoma	Dun.
IK.	Immediate cause (a)		ac Trais
AI	Antecedent cause(s)		,
NG.	Diseases or conditions, if any, (b) giving rise to the above cause		400000000000000000000000000000000000000
icia	stating the underlying cause last		
A	II. OTHER SIGNIFICANT CONDITIONS		1
Za	Conditions contributing to the death but not related to the disease or condition causing death.		
I U	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
Tar	0		Yes No D
', WITH UNFADING INK.	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
A K	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
Cia S	OF While at Not While INJURY m. Work A work		
WRITE PLAINLY is especially	22. I hereby certify that I attended the deceased from 2.	3 1955 to Jan 1219 5% that I lest as	w the deceased
P			
E .	alive on	ADDRESS	ated above.
RI	SIGNATURE (Degree or title)	2 423- Etres - Plo 76	DATE SIGNED
A	1HT. Beldon, Man.	Washing 19-18	01:1326
SE	RAMOVAL (Specify) DATE THEREOF NAME OF CEMETE	RY OR CREMATORY, LOCATION (City town, or count	(State)
EA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
PLEASE	REG. 19	No so lac & The	ADDIVERS
	- 11- P. Wine wropping	The state of the s	Mara
		414-	15 11 26.

VS. A15

The correct age

MARGIN RESERVED FOR BINDING

BUREAU V. S.

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CERTIFICATE OF DEATH

Reg. Dist. No.

	integ. Dist. No.
1. PLACE OF OEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Prince Georges MARYLAND	STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	
OR and give nearest town) (in this place) TOWN / Pendale	TOWN Lanham TFFD II/x
HOSPITAL OR heland memorial 4058, to	STREET (If rural give location)
STREET ADDRESS/408 Durcasbury Rd.	ADORESS 6601 AUBURN AVE.
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year) OF
(Type or Print) Or, d HIVIN 13 + 0	OWA DEATH: 19 S 6 OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRB.
RACE: WIDOWED DIVORCED	Months Days Hours Min.
M (Specify) Married 5-	27 /0 /78 yrs.
work done during most of working life. even if retired): Platermaker (6. P. D.	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
D. II DI . R	14. MOTHER S MAIDEN NAME:
Parid Hirn Drown	dennie dones
15. WAS DECEASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY NO. (Yes. no. ob unk.) (If Yes. King War or dates	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, king var or dates of service VONE	Hoer Necord.
18. MEDICAL CERTIFICA	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Consider	line Heart Farture 12hrs
OUE TO	1 11 112
ANTECEDENT CAUSE (S'	notes. Heartheness) 3
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE OUE TO	
STATING UNDERLYING CAUSE LAST.	-) of (12 to 160 0) &
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ors of would were
TO THE DEATH BUT NOT RELATED TO THE)
OISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
Tab. MAJOR FINDINGS OF OPERATIO	20. AUTOPSY7
0 .	YES NO
21a. ACCIDENT WAS UNDERLYING \(\) OR CONTRIBUTING \(\) CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (County) (State) ., etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
OF INJURY While Not while at work	
22. I hereby certify that I attended the deceased from	, 1958, to Jan 7, 1956, that I last saw the deceased
alive on 3. 1956, and that death occurred at	ADDRESS DATE SIGNED
	M.D. VICE STATES AND CONTROL STATES AND CONTROL STATES
MOVAL (SPECIFY)	ICC COMPETERY SUITENED PR. GO. Co. MED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DECEIVED 3286

BUREAU V. S.

COURTY OF STREET, AND STREET, PERSONAL PROPERTY OF STREET, STR

MARVIAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
MARIDAND	SIAIL	DEFARIMENT	Or	nealth—ballimore,	10

CERTIFICATE OF DEATH

8 8	964	CERTIFI	CATE	OF DI	EATH	Reg. D	ist. No. 243	
I. PLACE OF	DEATH:		1 2	USUAL RES	IDENCE (HOME)	OF DECEASED	:	
COUNTY	Prince Georges	MARYL	AND	STATE	D. C.	CC	DUNTY -	
CITY (If ou	tside corporate limits, writ	te RURAL LENGTH	OF STAY	CITY (If ou			L and give nearest	town)
Y TOWN	ive nearest town) Glenn Dale (rur	(in this		OR TOWN L.T.	1 - 2		47x 3	
HOSPITAL (OR	al) 10 yrs.	, 3 days	SIREEI	ashington (1	f rural give locat	tion)	
STREET AD		le Hospital		ADDRESS	7623 70+1	St. N.	7.7	. /
3. NAME OF					4. DATE		Day) (Year)	¥_
DECEASED: (Type or Prin	t) Lewis	(Middle)	12	ust)	OF DEATH:	Jan.	19 19 5	4
		GLE, MARRIED,	8. DATE OF	-			1 YEAR IF UNDER 24	
Male	Negro (Spe	owed, divorced, cify): Single	5.25	. 10	45	yrs. Months	25	Min.
10a. USUAL OCC	CUPATION. Give kind of uring most of working life,	10b. KIND OF BUSINDUSTRY:	SINESS OR	11. BIRTHPLA	CE (State or for	eign country):	12. CITIZEN OF V	WHAT
even if retin	red): Waiter	Burlington	Hotel	Virgin	nia		USA	
13. FATHER'S N	NAME:		14	. MOTHER'S N	MAIDEN NAME:			
Jose	ph Brown			Bess	ie Taylor			0.7
15 WAS DECEASE	EVER IN U.S. ARMED FORCES (If Yes, give war or dates	16. SOCIAL SECURITY	No.: 17. IN	FORMANT &	ADDRESS:			
No	service)	579-10-407	O De	cedent				
		18. MEDICAL CE	RTIFICATION				Intervai B	tetweet
1. DISEASES ((a) Pul	ATH MAL	y Tw	berculo	· ·	Onset And Syra 74	
Anteceden	nt causes (s)	Е ТО		1				
Diseases or	3141 16	(b)						
	underlying cause last. DU	E TO						
		(c)						
Conditions co	NIFICANT CONDITIONS ontributing to the death but e disease or condition causi	ng death.						
	PERATION: 19b. MAJO	OR FINDINGS OF OP	ERATION				20. AUTOF	
21. ACCIDENT						(COTTATMAT)	Yes No	0 🗆
SUICIDE HOMICIDE	OF	ACE (Home, farm, fac office bldg., etc.) URY		(CITY OR T	OWN)	(COUNTY)	(STATE)	
TIME (Month	(Day) (Year) (Hour)	While at Not	D While	HOW DID INJ	URY OCCUR?			
INJURY	m.	Work At	Work 🔲		1			
22. I hereby of	certify that I attended	the deceased from	1.116	1950, to		So, that I la	ast saw the dece	eased
alive on	119, 1956, and	d that death occur. (Degree or title)	red at	LED PM +	rom the causes	and on the da	te stated above.	
flance)	180 timeca	N.D.	Glenn Da	le. Md.				
23. BURIAL, OF REMOVAL	(Specify) 1.46	REOF NAME OF	CEMETERY	OR CREMATO		N (City, town, or	r county) (Stat	e)
DATE REC'D	BY LOCAL REGISTRAL		24_	FUNERAL D		ns ton,	ADDRESS	
REGISTRAR	1/19/00	we have	13	non mille	111)	Day 1663	2-11-3r- hu	
	11130	- 0 0010		1 WUNDOUT		1-1-6		



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

T	TRI	CA	TE	OF	DEATH	Reg	Dist.	7
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1	MARYLAND STATE DEPARTMEN'	T OF HEALTH—BALTIMORE, 18 00882	,
V	9)9 CERTIFICATE	C OF DEATH Reg. Dist. No. 23/	
1	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
ibl			
legibl	COUNTY PRINCE GEORGE MARYLAND	STATE Maryland COUNTY Paince Greory	4
d 1	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give, nearest town) (in thia place)	CITYIII outside comporate limits, write RURAL and give nearest to	wn)
and	TOWN Cheverly. 26 days	TOWN Hyattsville	
N	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	
clearly	77 STREET ADDRESS PRINCE GEO-GEN HOSD	+202- Queensbeery Rd.	
		Last) 4. DATE (Month) (Day) (Year)	
death	DECEASED:	orown OF DEATH: Jan 5 1950	
deg	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTH: > 19. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 H	
of	RACE: WIDOWED DIVORCED	Monthal Dam II was to N	lin.
		11. BIRTHPLACE (State or foreign country): [12. CITIZEN OF WI	
causes	IOA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	COUNTRY?	HAT
	even if retired): Relived Express Company	Kentucky M.Ja	
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
te t	marcellus Brown	mary Bedford	
write	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
	of aervice)	Hospital Reends Chererly, Ind	
Physicians: please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HADDAL IMMEDIATE CAUSE (A) DUE TO	al Heevenbage ONSET AND DE	ATH
ici	ANTECEDENT CAUSE (8)	ealred Certeries learn	
ıys	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	/ / / / / / / / / / / / / / / / / / / /	
百	STATING UNDERLYING CAUSE LAST.	2 . 0 . 0	
Jt.	(C) 0000	was consigned and	
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
upo	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPS	V 2
	0	YES NO	
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?	
is est	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
90	22. I hereby certify that I attended the deceased from \	, 19.5.), to 1	sed
correct ag	alive on	ADDRESS DATE SIGNED	
COL		RY OR CREMATORY LOCATION (City, town, or county) \ (St	ate)
	Cremation 1/6/56 Fort Lincol		
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR SG STRAR SG STRAR SG STRAR'S SIGNATURE REGISTRAR'S SIGNATURE	7, Laseke some Vyallerille M	&

BUREAU V. S.

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MARILAN	D STATE DEFARTME	NI OF HEALTH—BALL	MURE	, 10	Reg. Dist.
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 23/
LACE OF DEATH:		2. USUAL RESIDENCE	(HOME)	OF DECEASED:	0

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Î	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	COUNTY Prom Cl Scorges MARYLAND	STATE MO COUNTY I muce	Sea-
	CITY (If duside corporate limits write RURAL LENGTH OF STAY OR and give nearest town) TOWN LENGTH OF STAY (In this place)	CITY (If outside corporate limits write RURAL and OR TOWN Clem And	give nearest town)
9	HOSPITAL OR INSTITUTION OR STREET ADDRESS Punce Sen Hoy	STREET ADDRESS 2 nd Sheet & Sun	colulive
		(Last) 4. DATE (Month) (Day OF DEATH / 2	(Year) 19.564
	Wall Colored (Specify): Small Oct	FE OF BIRTH: 9. AGE last birthday: IF UNDER I Y Months De	ys Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	maryland L	COUNTRY?
	13 FATHER'S NAME:	14. MOTHER'S MALDEN NAME:	
	Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	
0		1 aller - Dami adariss	
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	CAL CERTIFICATION	INTERVAL BETWEEN
V	Immediate cause (a) Craphyh	á	ONSET AND DEATH
	Antecedent cause(s)	1	
	Diseases or conditions, if any, (b) giving rise to the above cause DUE TO	minmonic	
	stating underlying cause last (c)		
C . 11.7	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
77 000	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
dim	21a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] OF street, office bldg., et CAUSE OF DEATH.	c.,	(State)
ciairy	2Id. TIME (Month) (Day) (Year) (Hour) 2Ie. INJURY OCCURRED While at Not while at work □	21f. HOW DID INJURY OCCUR?	
ode	22. I hereby certify that I took charge of the remains descr		
0 10	find that death resulted from: Natural causes of, Acc	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM	DATE SIGNED
Cabo	23. BURIAL CREMATION. DATE THELEOF NAME OF CENTETE		unty) (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3 15 10 10 10 10 10 10 10 10 10 10 10 10 10	Mus J. Hewan	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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VS. A15-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE	OF DEATH	

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	e gij	C OF DEATH Reg	g. Dist. No.			
×.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DE	CEASED:			
gib	COUNTY Prince George MARYLAND	STATE Mary and COUNTY	Prince Tomas			
le	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITYIIf outside corporate limits, write R	URAL and give nearest town)			
and legibly	3 TOWN (Localy, Mary and 2) his.	- TOWN Suitland	, maryland			
rly	HOSPITAL OR INSTITUTION OR	STREET (If rural give I	ocation)			
clearly	7) STREET ADDRESS From Jerger Jos. H	by 326 Park	Culdy Larrace			
	3. NAME OF (First) (Middle) DECEASED:	4. DATE (Month)				
death	(Type or Print) Janua Care	DUCKEN DEATH CON	v. 8, 1956			
	5. SEX: 6. COLOR OR 7. SINGLE MARRIED. 8. DATE WIDOWED, DIVORCED.		nths Days Hours Min.			
s of	7 (Specity):	yrs. yrs.				
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS Work done during most of working life, OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT			
Cal	even if retired):	Maryland	U.S.A.			
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
e	Phillip Buckler	Shirley Avery				
write	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Phillip Buckler-31	26 Parkway			
ail	(Yes, no, or unk.) (If Yes, give war or dates of service)	Terrace Drive, Suitlan	id. Maryland.			
pleas	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN			
p	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH			
603	50 MMEDIATE CAUSE (A)	institut neumoni	tin Yaldy.			
ian	ANTECEDENT CAUSE (S)					
sic	DISEASES OR CONDITIONS, IF ANY. (B)	heobromelutie	to Yalaya			
Physicians:	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		4="			
	(C)					
tan	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
por	DISEASE OR CONDITION CAUSING DEATH.					
important.	198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?			
	d		YES NO			
especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(County) (State)			
Sp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
OF INJURY M. While Not while at work						
a	22. I hereby certify that I attended the deceased from/	4 . 1956, to 18 . 1956 that	I last saw the deceased			
ත්	.1.1	- D-V				
alive on						
correct	William Braum MD M	. D. G12 & Central Ave Coptol	Hel med 18/56			
00	PEMOVAL (SPECIEV)	ERY OR CREMATORY LOCATION (City,	V. W.			
	Burial (SPECIFY) 1/10/56 Epiphany	Cemetery Forestvi	lle, "d.			
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS			
	111156 Mana da Spring	Ritchie Bros. Upper	Marlboro, Md.			



DELAGE

UNFADING INK.

OR WRITE PLAINLY, WITH

TYPE

PLEASE

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Supply every item of information carefully. The

	MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	0.005		
	893 CERTIFICATE	077	1000) No. 2145		
	I. PLACE OF DEATH: 2.	. USUAL RESIDENCE (HOME) OF DECEASED:			
2 2	COUNTY Prince George MARYLAND	STATE D. C. COUNTY			
2	CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY(If outside corporate limits, write R		give nearest town)		
	OR and give nearest town) 15 TOWN Hyattsville HOSPITAL OR STREET (If were give location)				
2					
100	INSTITUTION OR STREET ADDRESS 4/21 Oliver St.	3130 Wisconsin	Alla /		
3	3. NAME OF (First) (Middle) (Las		y) (Year)		
3	(Type or Print) Margaret Temple Bu	ISCH OF DEATH: 1 2	1954		
3	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED! 8. DATE OF				
5	F RACE: WIDOWED, DIVORCED, (Specify): Widow Dec-21,	1899 56 yrs. Months Day			
2	work done during most of working life, OR INDUSTRY:	. BIRTHPLACE (State or foreign country): 12. C	TIZEN OF WHAT		
3/	even if retired): Writer U.S. Government	New Hampshire	1.S.A.		
215	13. FATHER'S NAME:	4. MOTHER'S MAIDEN NAME:			
2	John lemple	Elizabeth Sween	1		
A A	(Yes, no, or unk.) (If Yes, give war or dates	7. INFORMANT & ADDRESS 4121 O/cu			
00		obert taass Hyattsui	11e Md.		
Ica	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NTERVAL BETWEEN		
٦,	ONSET AND DE				
2	IMMEDIATE CAUSE (A) Carenou alosco a March 55				
20	ANTECEDENT CAUSE (S) DUE TO				
II yar	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
3	(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
10	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
i I	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		
2			YES NO		
eclan	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, DR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (if either, notify medical examiner)	21c. WHERE DID (Clty or town) (County) INJURY OCCUR?	(State)		
dsb		21F. HOW DID INJURY OCCUR?			
13	While Not while at work				
90	22. I hereby certify that I attended the deceased from 12-26	, 1955, to / - 2, 186 that I last s	aw the deceased		
alive on 1-2					
(32.3.50/4)					
00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, 14 nn, or Jounts) (Sta				
Burcal 1-7-1956 Arlington National Arlington Ces Verge					
	DATE REC'D BY LOCAL REGISTRAR'S SMINATURE 24. FUNERAL DIRECTOR 1961 14 The ADDRESS				
	REGISTRAR 956 mno las Devere	S. H. Hines Co. Washington	Br.w.		

BUREAU V. S.

DECENTED

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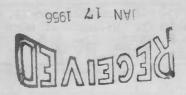
2	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18()	0886		
T. Th	Item 7. Film 721 1-12-56 et Item 12 Film 6121 1-16-56 et Reg. Dist.	. No. 23/		
carefully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED	2. USUAL RESIDENCE (HOME) OF DECEASED:		
	CITY (if outside corporate limits, write BURAL CITY(If outside corporate limits, write RURAL a corporate limits a corporate limits and cor	nd give nearest town)		
information clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS TENER DELICION OF STREET ADDRESS (If rural give location)	/		
of ath	DECEASED: (Type or Print) Buller DEATH ON,	5, 19 56		
ite	7 (Specify: Married 12-125 / 8 / 9 / 6 yrs.	Pays Hours Min.		
y every	work done during most of working life, even if retired):	CITIZEN OF WHAT COUNTRY?		
Supply te the	13. FATHER'S NAME: Unknown Unknown			
NK.	IS. WAS DECEASED EVER IN U.S. ARMEO FORCES: IS. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service)	JE K		
DING	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 334X IMMEDIATE CAUSE (A) CREPRO ARTERIOSE ROSIS	INTERVAL BETWEEN ONSET AND DEATH		
UNF	ANTECEDENT CAUSE (8) DUE TO QUE TO			
Phy	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Generalized Arteriuse CRUCIS DURATION - UNKNOWN.			
~ 8	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
3	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO		
-	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (Count OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR?	y) (State)		
× m	OF INJURY			
SE TYPE OR	alive on the causes and on the date stated above.			
₹	23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY)	county) (State)		
PLE	DATE REC'D BY WOCAL REGISTRAR'S SIGNATURE REGISTRAR 656 WILLIAMON DEWNLY JOHN T RHINES CO 901.	ADDRESS 3.14 ST:SW		

BUREAU V. S.

OBVIBORY 3201 6 WAL _____

3.

MARYLAND STATE DEPARTMENT OF HEA	LTH_RALTIMORE 18 Res	887 Dist.		
MEDICAL EXAMINER'S CERTIF	FICATE OF DEATH No.	242		
P .C.	SUAL RESIDENCE (HOME) OF DECEASED:	20		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY COR and give hearest town)	ORTY (If outside corporate limits write RURAL and give	nearest town)		
HOSPITAL OR	TREET (If rural, give location)	1		
3. NAME OF DECEASED: (First) (Middle) (Last Type or Print)	t) 4. DATE (Month) (Day)	(Year) 19 5 - 2		
5. SEX: 6. COLOR OR RAOE: WIDOWED DIVORCED, S. DATE OF WORK done during most of work life, INDESTRY: 10. DSUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR INDESTRY: WORK done during most of work life, INDESTRY:		IF UNDER 24 HRS. Hours Min. ZEN OF WHAT		
13. FATHER'S NAME: Charles Carneré &	MOTHER'S MAIDEN NAME:			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No.: 17. IN	NFORMANT & ADDRESS:	ddran		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) Death Congestine hour failure ONSET AND DEATH				
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)	la renal desare			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		AUTOPSY?		
PRIMARY or CONTRIBUTING OF street, office bldg., etc., INJURY	21c. (City or town) (County)	(State)		
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work at work	21f. HOW DID INJURY OCCUR?			
	□, Suicide □, Homicide □, Undetermin CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	ed cause . ATE SIGNED - %-5-6		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (Specify): DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24.	CREMATORY LOCATION (City, town, or county)	(State)		



BUREAU V. E.

PLEASE WRITE

ge

BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY
REMOVAL (Specify): Jan 17, 1996 Cedar Hill Cemetery

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE
REG. 7 56 F. Gasch's

OR CREMATORY LOCATION (City, town, or county)

emetery Suitland Md.

24. FUNERAL DIRECTOR A

ASSISTANT MEDICAL EXAM.

M. D.

F. Gasch's Sons Hyattsville, Maryland.

BUREAU V. S.

3281 08 NAL

BECEDAED.

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INSTRUCTIONS

CERTIFICATE OF DEATH 966

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Prince Georges MARYLAND	STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate fimits, write RURAL and give nearest town)
OR and give neerest town) TOWN Suitland 3 mons	TOWN Suitland
HOSPITAL OR	STREET (If rurel give location)
INSTITUTION OR STREET ADDRESS	ADDRESS 4715—Hudson St.,
3. NAME OF (First) (Middla) DECEASED	(Last) 4. DATE (Month) (Dey) (Yaar)
	EMENTS DEATH Jan. 4th, 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	
Male White (Specify) Married Nov.	16, 1881 74 yrs. Months Days Hours
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, evan If OR INDUSTRY	11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT
dona during most of working life, evan if retired) Retired Retired OR INDUSTRY Florist Helper	Clinton, Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James H. Clements	Rebecca N. Padgett
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unk.) (If Yes, give wer or dates of service)	17. INFORMANT & ADDRESS Stella B. Clements
(If res, give wer or dates of service)	4715-Hudson St., Suitland Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWE
11110 V An + 16	liac Failure / Day
442x IMMEDIATE CAUSE (A) House Cora	ede salline I was
DISEASES OR CONDITIONS, IF ANY, (B) Carebral, A	emorrhage 15dal
DISEASES OR CONDITIONS, IF ANY, (B) Orobral, If ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	and dienain Tunk
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	n-renal surse 29/43
DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
21. ACCIDENT WAS UNDERLYING 52 L 25 DIACE (II)	YES NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMMER)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (Steta)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. et work at work	
22. I hereby certify that I attended the deceased from O	19 to 1/4 19 6 that I last saw the dece
alive on 19:55 and that death occurred at	M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, steta) DATE SIG
laft Dosinerth MA M.O.	811-8-N.E 1/4/5
23. BURIAL, CRÉMATION, DATÉ THEREOF / NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (Sta
Burial Jan.6-1956 Cedar Hill	Suitland Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 EUNERAL DIRECTOR'S SIGNATURE 1661-Good ADDRESS Rd.S
DATE Jan. 4-56 Tolia 7. ollus	Dummons Poros, Washington, D.C.
	, maditing out, D. O.

CERTIFICATE OF DEATH

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF Reg. Dist. No. I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY 41. 650 MARYLAND STATE (If outside corporate limits, write RURAL and give not compared CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY OR and give nearest town) OR (in this place) TOWN TOWN carefu henere and HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS JENERA clearly information 3. NAME OF (First) (Middle) (Last) DECEASED OF (Type or Print) tord DEATH: 6. COLOR OR SINGLE, MARRIED, WIDOWED, DIVORCED 9. AGE last birthday: YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH: IF UNDER I Months Days Hours (Specify) Married Mar 24 of 10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OR 12. CITIZEN OF (State or foreign country): work done during most of working life, INDUSTRY: even if retired) : ABOR OR EMPLOYED WOODEN NAME: 15 WAS DECEASED EVER IN U.S.ARMED FORCES? 16. SOCIAL SECURITY No .: (Yes, no, or unk.) (If Yes, give war or dates of 20 Sul MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death Immediate cause DUE TO Antecedent causes (s) 11 Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating the underlying cause last, 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (MUNIC ortant. 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION WIT Yes No No 21. ACCIDENT (STATE) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (Specify) SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? While at peciall Not While At Work INJURY Work [22. I hereby certify that I attended the deceased from augus 1955 6 19 55 that I last saw the deccased slive on Jan 5 , and that death occurred at // AM, from the causes and on the date stated above. WRIT (Degree or title) ADDRESS wn, or county) 3

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		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	1001
1	ect	CERTIFICATE OF DEATH	No. 2.44
1 1	corre	1 967 Reg. Dist.	No. 25.7.9
1	9	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
	The	COUNTY Brown MARYLAND STATE Me COUNT	y P. M.
		CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and sixon places flows) (in this place)	give nearest town)
	full	TOWN DIE TOWN OS MILLION	*
235 1	carefully.	HOSPITAL OR HOTSChead, Rd. STREET (If diral give location)	1
		STREET ADDRESS MAKETALANTE TO NOTE !	
	information death clearly	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day)	(Year)
		DECEASED: OF DEATH: 17	1956
	infor	5. SEX: 6. COLOR OR RACE: 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: If UNDER 1 YE. MIDOWED, DIVORCED, OF STATES OF STA	
	deg	(Specify): 27, 1813 Exxx82yrs.	
£5	of d	10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. C. C. C.	ITIZEN OF WHAT OUNTRY?
E	r item	or even if retired i	Om USA
19	y i	13. FATHER'S NAME:	
FOR BINDING	every he cau	Joseph W. Crees Jone Tenn	
28		(Yes, no, or unk.) (If Yes, give war or dates of	ywine, Md.
FC	Supply write t	no service) - mis John A. Benl	
Q	Su	18. MEDICAL CERTIFICATION	Interval Between
V	Se Se	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Onset And Death
ER	INK. please	Immediate cause (a)	years
MARGIN RESERVED	Seede 1	Antecedent causes (s)	0
	UNFADING Physicians:	Diseases or conditions, if any, (b)	
AI5	AD icia	stating the underlying cause last. DUE TO	
A.R.	NF	(c)	
M		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
	H H	related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?
U	WITH ortant.		Yes No No
	2 0	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STORY)	TATE)
	PLAINLY pecially im	TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? While at Not While	
	LA cia]	INJURY m. Work At Work	
		22. I hereby certify that I attended the deceased from 19.55, to	aw the deceased
	WRITE ge is es	alive on 1, 1950, and that death occurred at 1, 4,6 P, from the causes and on the date s	tated above. re signed
		(Kelle & Dobsen MD) (Brindreum M) 1-	17-56
	PLEASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or course REMOVAL (Specify)	nty) (State)
	A	Burial 1/20/56 Cedarville Cemetery Cedarville DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 1/24. FUNERAL DIRECTOR	ADDRESS
415	LE	REGISTRAR 1956 F H Bullingsley Ritchie Bros. Upper Marl	
4	P4 }	Town to 17 or 1 and 1 and 1 and 1 and 1 and 1 and 1	DOTO MICE

DECENED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00892

914				
012	CERTIFICATE	OF	DEA	TH

Reg. Dist. No. 23

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY PRINCE GEORGE MARYLAND	STATE Maryland COUNTY PRINCE GEORGES
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	
OR and give pearest town) (in this place)	TOWN Manual 1 Paul
HOSPITAL OR	Makyland Park
INSTITUTION OR	ADDRESS (/ /
STREET ADDRESSY KINCE GEO. GEN NOSE	ADDRESS 6406- DAVID DIRECT
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Beetha A Coo	DESTAIT DEATH: JON 9 1956
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE	
	July 1899 56 yrs. Months Days Hours Min.
NOA. USUAL OCCUPATION (Give kind of 10B. MIND OF BUSINESS work done during most of working life, OF INDUSTRY:	LL_BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
even if retired year . S. Zyernment	new york LE. S. R.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Nenri Prospant	Camille Racine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates	Hospital Recorde Chererly mid
of service) /w / None	Hospital Reende mererly, ma
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION INTERVAL BETWEEN
420.0 R	ONSET AND DEATH
IMMEDIATE CAUSE (A) 1 A ELA	Heron Morax 24-hors
ANTECEDENT CAUSE (8)	1
DISEASES OR CONDITIONS, IF ANY. (B)	dial Inspection / week
GIVING RISE TO THE ABOVE CAUSE	1000/
STATING UNDERLYING CAUSE LAST.	Anti- 1 to Ht Discours ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 1 1 2 1 1 2 1 1 1 2 1 1 1 2 1 1 1 1 1
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH	N.
A SALE OF OF ERATION. 138. MAJOR PINDINGS OF OPERATIO	20. AUTOPSYT
2	
21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, etc. 21C. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?
OF INJURY While M. While at work at work	
22. I hereby certify that I attended the deceased from .her.	, 1955, to f., 1956, that I last saw the deceased
alive on	
SIGNATURE	ADDRESS DATE SIGNED
William Braum	1. D. GILY Central Are Capital Hete med 1/9/57
23. BURIAL, CREMATION, DATE THEREOF, NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town or county) / (State)
Busiel (SPECIFY) Jan 11. 190 6 Cedar Hil	Cemebery Suilland, mid
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	L 24. FONEPAL DIRECTOR ADDRESS
REGISTRAR 56 Umanda Doursey	It Boschi some Hyalleville, Mid

DECEIVED NAU

BUREAU V. S.

correct	
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important, Physicians: please write the causes of death clearly and legibly.	
K. Supp	
UNFADING INI Physicians: pleas	
E WRITE PLAINLY, WITH age is especially important.	
PLEAS	/

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	893 Reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 245
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MARYLAND STATE MA COUNTY 1/2. SEA	^
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) OR and give nearest town) (in this place) OR TOWN Talson a lark	give nearest town)
HOSPITAL OR INSTITUTION OR 1200 Mylle (We ADDRESS 1200 Mylle (Trust) and the street address 1200 Mylle (Trust)	
3. NAME OF DECEASED: (First) (Middle) (Last) 4. DATE (Month) (Day) OF DEATH OF DEATH	(Year) 1956
Male Whate (Specify): Warring aug 24, 1930 25 yrs. Months Day	
work done during most of work life, even if retired) Instrument man Surveying Oldahama	COUNTRY?
13. FATHER'S NAME:	
(Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No.: 17. INFORMANT & ADDRESS: 517-42-2121 Wife - Some address	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) Crebial compression due to Estra dural DUE TO homoringe Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO DUE	INTERVAL BETWEEN ONSET AND DEATH
stating underlying cause last (c) Fractive of temporal bone — II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ⊠No□
21a. EXTERNAL CAUSE WAS PRIMARY PROF CONTRIBUTING OF street, office bldg., etc., INJURY MANUAL 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21c. (City or town) (County) (County	/ (State)
OF INJURY 1231-56 R. M. Work at work at work of While at work of William at Mus have	
mid that deter results from the same of th	Inquiry ☑, and mined cause □. DATE SIGNED
John J. Maloven (Hyattirlle, End) M. D. ASSISTANT MEDICAL EXAMINER D. ASSISTANT MEDICAL EXAM.	- 456
DATE RECT TO LOCAL REGISTRARS SIGNATORS AND DESCRIPTION (City, town or confidence of the confidence of	(State)
DATE RECT DY LOCAL RECTETAL SIGNAT DEVELO JUNE JOHN 25 Carral	Br. n.w.,
Napuly . Superice On	12.6.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

ADDRESS

	CERTIFICATE	OF DEATH Reg. DR	St. No. Mil.M
oly.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEAS	ED:
gil	COUNTY FINE CETAE MARYLAND	STATE Md COUNTY Pr.	Geor
and legibly	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY(If outside corporate limits, write RURAL	
	Miscreale lasage	STREET (If rural give location	0 /6
clearly	HOSPITAL OR Keland The Wieviel idoys STREET ADDRESS 4408 Queens bury 18	ADDRESS 3405 Gaster	0 -
	DECEASED:	ast) 4. DATE (Month)	(Day) (Year)
death		VIC DEATH: Jan	28 1956
of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	9. AGE last birthday IF UNDER Months yrs.	Days Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12	CITIZEN OF WHAT
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	N. J. C.
e the	TO PATRICKS MAINE.	?	
write	(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	
please	18. MEDICAL CERTIFICATION	ON THE PROPERTY OF THE PROPERT	INTERVAL BETWEEN
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	450,0 : CEN A	DTEDIOCCI EDOCIC	20 vn = 4
133	IMMEDIATE CAUSE	RTERIOSCLEROSIS	10 YRS ±
Physicians	ANTECEDENT CAUSE (S)		
Sic	DISEASES OR CONDITIONS, IF ANY, (B)		
hy	GIVING RISE TO THE ABOVE CAUSE DUE TO		
	STATING UNDERLYING CAUSE LAST.		
important.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
t a		SITUS ULCERS	1 1000
pol	DISEASE OR CONDITION CAUSING DEATH.	TIOS OFFICE	6 Mos.
m	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
			YES NO
especially	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bldg., etc.	ry, 21c. WHERE DID (City or town) (Counter, INJURY OCCUR?	enty) (State)
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
130	22. I hereby certify that I attended the deceased from NOV.	4 1965 to JAN 28 10.76 that I la	et can the deceased
86			
od	alive on 140 27 , 19 0, and that death occurred at		
ect	SIGNATURE	D. In tent	ATE SIGNED
correct	L.W. Willy W.D. Ci . (Strusium.)		u. 28 1756
S	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, towh,	or county) (State)
	REMOUAL 1/28/54 300-4= 6	to M.B. Pallochunston	-, W.C
		24. FUNERAL DIRECTOR	ADDRESS (16 C

- 10 - 53 A15. S

DATE REC'D BY LOCAL RECISTRAR 28 1956

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARGIN-RESERVED FOR BINDING

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Supply every item of information carefully.



BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY run w MARYLAND STATE COUNTY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give neerast town) OR and give neerest town) (in this place)) OR TOWN TOWN HOSPITAL OR STREET (If rurel give location) INSTITUTION OR ADDRESS STREET ADDRESS (First) (Middle) NAME OF (Last) DATE (Month) (Day) (Year) DECEASED OF (Type or Print) DEATH 19 SINGLE, MARRIED SEX 6. COLOR OR DATE OF BIRTH AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED, Months Devs Hours Min. (Specify) 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS BIRTHPLACE (Stelle or foreign country) CITIZEN OF WHAT done during most of working life, even If OR INDUSTRY COUNTRY? retired) 13. FATHER'S NAME MOTHER'S MAIDEN, NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yes, give wer or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. **AUTOPSY** YES NO 21a. ACCIDENT WAS UNDERLYING IT 21b. PLACE (Home, farm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Year) (Hour) While Not white et work at work 22. I hereby certify that I attended the deceased from... 19/2.... that I last saw the deceased alive on.... SIGNATURE ADDRESS (Straat, city, town, stete) M. D. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stata) 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

CERTIFICATE OF DEATH

BUREAU V. S.

LEB 2 1620

2411 N. Charles Street, Baitimore

00896

963

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If oppose corporate limits, write RURAL and LENGTH OF STAY	CITY (I outside orporate limits, write RURAL and giv	my sea
X TOWN give narest town out (legist (in this place)	TOWN fally freghts	× mealest town,
HOSPITATION OR INSTITUTION OR STREET ADDRESS	STREAT (If rural, give location)	1
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) MaTTIE Da	U-1'S DEATH JAN	16 1956
6. COLOR OR RACE 7. SINGLE, MARRIAD, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birtiday If under Months 1852 0 3 yrs.	Days If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business of Industry	11. BIRTHPLACE (State or foreign country) 12	COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	Consider the
romanon	margaret wester	rote
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT	5 16.0
lservice) 18. MEDICAL CEI	PURICATION	(Mack)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	(INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Arterio -	derotee 16 ast Dise	me ?
Intimediate cause		-
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	clerosio	
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	rior	7
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from	, 19.56, to Jan 16., 1956, that I last s	aw the deceased
alive on signatured at	ADDRESS	ated above.
Land - 1 Baco	Act to the Comment of	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	G : 13 10 1 M 1	(State)
Burial 1 1-20-56 1 Lincoin		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Venry & Washington & Sovo 467 N.	st.n.w
		2

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

917 CERTIFICATE OF DEATH

00897

Reg. Dist. No. 245

			NCE (HOME) OF DECEAS	LD
COUNTY Prince Georges	MARYLAND	STATE Maryla	and county	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corpo	prete limits, write RURAL and give	nearast town)
OR end give nearest town) Cheverly	(in this plece) 7 Months	TOWN Balt	Lmore	3401-4
HOSPITAL OR 2607	Cheverly Ave.	STREET	(If rurel give location	
INSTITUTION OR STREET ADDRESS Secorda Rest Home		ADDRESS 2237	St. Paul St.	Y
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Florence Hampson	Dell		OF DEATH Janus	
S. SEX 6. COLOR OR 7. SINGLE, MARK			Canac	DER ! YEAR IF UNDER 24 HRS.
Female White Specify D	VORCED.	30m 1876	79 yrs yrs. Months	
	ND OF BUSINESS R INDUSTRY	tt. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT
retired) Housewife	K MADOSIKI	Baltimore, Ma	i.	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
William Albert Hampson		Mary C. Wey	yforth	
	6. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or dates of service)		Albert H. 1	Dell, 6114 Monta	cose Rd. Chaves
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)		OF PAN		onset and death mos
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 195. MAJOR FINDINGS		D C A A S A A A	0000000	20. AUTOPSY?
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS 1100 PER	ABLE CA	RCINUMA (OF PANCRE	AS YES NO
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS 210. ACCIDENT WAS UNDERLYING 21b. PLACE (Hon OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 11 OTHER SIGNIFICANT CONDITIONS TO THE STREET CONTRIBUTING OF INJURY street,	ABLE CA	PCINUMA) (21c. WHERE DID INJURY OCCU	OF PANCRE/	4 -
TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 199. DATE OF OPERATION 199. MAJOR FINDINGS 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e Wh	ne, ferm, fectory, office bidg., etc.) in injury occurred in in injury occurred			AS YES NO
TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 199. DATE OF OPERATION 19b. MAJOR FINDINGS 21c. ACCIDENT WAS UNDERLYING 21b. PLACE (Hon OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e Wh M. 81 v	A BAF CA	216. WHERE DID INJURY OCCU	IR?	YES NO (Steta)
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 199. DATE OF OPERATION 19b. MAJOR FINDINGS 21c. ACCIDENT WAS UNDERLYING 21b. PLACE (Hon OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21c Wh M. at v 22. I hereby certify that I attended the dece	ne, ferm, fectory, office bidg., etc.) INJURY OCCURRED nile Not while work at work at work	216. WHERE DID INJURY OCCU		YES NO (Sieta)
TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS 21c. ACCIDENT WAS UNDERLYING 10 OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21c Wh M. at y 22. 1 hereby certify that I attended the dece	ne, ferm, fectory, office bidg., etc.) INJURY OCCURRED nile Not while work at work at work	216. WHERE DID INJURY OCCU 211. HOW DID INJURY OCCU		YES NO (Sieta) t I last saw the deceased ated above.
TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 199. DATE OF OPERATION 19b. MAJOR FINDINGS 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Hon OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e Wh M. at v 22. I hereby certify that I attended the dece	ne, ferm, fectory, office bidg., etc.) INJURY OCCURED in the pool of the pool	216. WHERE DID INJURY OCCU 211. HOW DID INJURY OCCU		YES NO CLOUNTY) (State)
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS 21c. ACCIDENT WAS UNDERLYING 21b. PLACE (Hon OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Doy) (Yeer) (Hour) 21c Wh M. at w 22. 1 hereby certify that I attended the dece	ne, ferm, fectory, office bidg., etc.) INJURY OCCURRED nile Not while work at work at work	216. WHERE DID INJURY OCCU		YES NO (State) It I last saw the deceased aled above. DATE SIGNED
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, (If EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e Wh. M. alv 22. I hereby certify that I attended the dece alive on	ne, ferm, fectory, office bidg., etc.) INJURY OCCURRED work at work a	216. WHERE DID INJURY OCCU	causes and on the date streets (Street, city, town, state) LOCATION (City, town, or cou	YES NO (Steta) It I last saw the deceased ated above. DATE SIGNED (State)
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS 21e. ACCIDENT WAS UNDERLYING OF INJURY Street, (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e Wh. M. at v 22. I hereby certify that I attended the dece alive on	ne, ferm, fectory, office bidg., etc.) INJURY OCCURRED work at work a	216. WHERE DID INJURY OCCU	causes and on the date streets (Street, city, town, state) LOCATION (City, town, or county) Baltimore, Mc	t I last saw the deceased ated above. DATE SIGNED (State)

BY BROKETERS IN LARS TO THE WILL TO A STORY DESCRIPTIONS OF THE STREET

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Carlo Manual Park * * *

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SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

(YEORGES

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Days

(Year)

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ONSET AND DEATH

20. AUTOPSY?

(State)

State)

YES [

DATE SIGNED

ADDRESS

(County)

Hours

COUNTRY

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BEMOVAL (SPECIFY)

DATE REC'D BY LOCAL

REGISTRAM

BUREAU V. S.

FEB 9 1956

DECEINED

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CERTIFICATE OF DEATH

(Specif	LENGTH OF STAY (in this place) (in this place) (Middle) E, MARRIED, WED, DIVORCED, 8. DATE	STREET ADDRESS 2805 (Last) DORSEY	COUNTY R. imits, write RURAL and give R. I. imits, write RURAL and give R. I. imits, write RURAL and give R. I. imits, write RURAL and give R	
OR and give pages town) TOWN HEICRY HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE WIDON (Specification of work done during most of working life, even if	(in this place) WERLY AVE (Middle) E, MARRIED, WED, DIVORCED, WILLI DOWED AUG	STREET ADDRESS 2805 (Last) ORSEY	(If rural giva localic CHEVERA DATE (Month) OF DEATH / —	(Dey) (Ye
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 80 5 CHC 3. NAME OF DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE WIDON (Specification of Work done during most of working life, even if	MARRIED, 8. DATE WED, DIVORCED, VI LAG DOWED AUG	STREET ADDRESS 2805 (Last) DORSEY	(If rural give location of the CUCR) 4. DATE (Month) OF DEATH	LY AVI
INSTITUTION OR STREET ADDRESS 2805 CHC 3. NAME OF Print) EPWARD 5. SEX 6. COLOR OR RACE WIDON (Specifications) 10a. USUAL OCCUPATION (Giva kind of work done during most of working life, aven if	MARRIED, 8. DATE WED, DIVORCED, VI LAG DOWED AUG	ADDRESS 2805 (Last) DORSEY	CHEVERA 4. DATE (Month) OF DEATH / -	LY AVI
To a. USUAL OCCUPATION (Giva kind of work done during most of working life, aven if	MARRIED, 8. DATE WED, DIVORCED, VI LAG DOWED AUG	DORSEY	OF DEATH / -	> 1
5. SEX 6. COLOR OR 7. SINGLE WIDO (Specification of work done during most of working life, even if	"INIDOWED AUG	OF BIRTH 9. A		19.
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, aven if	"INIDOWED AUG	12 1070		DER 1 YEAR JIF UNDER
done during most of working life, aven if	12100000	15/4	8.5 yrs. Month	hs Days Hours
	OR INDUSTRY	11. BIRTHPLACE (State or foreign co	2	12. CITIZEN OF WI
	RETAIL STORE	TENN.		COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
UNK		UNX		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yes, give wer or detas of service	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRE	SS	
(ras, no, or unk.) (if res, giva war or delas of service	NONE			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH , MEDICAL CI	ERTIFICATION		INTERVAL BET
(000. () IMMEDIATE CAUSE (A)	1/reme	A		24
ANTECEDENT CAUSE(S) DUE TO	01.	1 1	7	~ [
DISEASES OR CONDITIONS, IF ANY, (B)	C- Mishin	pyeronym	us	09
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	CONGEST	IVE HT F	MILUKE	171
196. DATE OF OPERATION 196. MAJOR FI	NDINGS OF OPERATION			20. AUTOP
21e. ACCIDENT WAS UNDERLYING 21b. PLAC	CE (Homa, farm, factory,	21c. WHERE DID INJURY OCCUR? (C	City or town) (6	County) (Stet
OR CONTRIBUTING CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	streat, office bldg., atc.)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hou	While Not while	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the	e deceased from	1955 to //3	Ø 196€ the	at I last saw the de
alive on 1/25, 1956				
SIGNATURE	V		S (Streat, city, town, state)	
6 offina	Il worker	Messe	les por	1/301
23. BURIAL, CREMATION DATE THEREOF	NAME OF CEMETERY C	JR CREMATORY LO	CATION (City, town, or co	unty)

BULLAU V. S.

9561 8 8 1026

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

M

MARGIN RESERVED FOR BINDING

VS. A15

9,	70	CERTIFICAT	E OF D	EATH	Reg. Dist.	No. 246
1. PLACE OF 1	DEATH: Brandyen	-6	2. USUAL RI	ESIDENCE (IIOME) O	F DECEASED:	
S COUNTY 6	rince Georges		STATE	maryland	COUNT	Y P. G.
COUNTY OF CITY (If our OR and gr	side corporate limits, write ve nearest town)	RURAL LENGTH OF STA (in this place) dywine Lifetin	CITY (If OR	Outside corporate limits	s, write RURAL and	give nearest town)
COUNTY OF CITY (If our OR and given	N OP	Missouri Ave	STREET ADDRESS	Missouri	rural give location) Avenue	7
3. NAME OF DECEASED: (Type or Print		(Middle)	(Last) Dewall	4. DATE OF DEATH:	(Month) (Day) Jan. 23	(Year) 19 5 6
	RACE: WIDO (Spec	LE, MARRIED, OWED, DIVORCED, ity): Single Feb		75	yrs. If UNDER 1 YEA	s Hours Min.
o work done do	CUPATION Give kind of uring most of working life,	10b. KIND OF BUSINESS INDUSTRY:	OR 11. BIRTHPI	LACE (State or foreig	n country): 12. CI' CO	TIZEN OF WHAT OUNTRY? US A
I3. FATHER'S N	AME:	Todancy	14. MOTHER'S	MAIDEN NAME:	The state of the s	-(0 //
	im Elson	Dewal	mar	ia Elisabe	the Bours	al .
15 WAS DECEASE (Yes, no, or unk.)	EVER IN U.S. ARMED FORCES! (If Yes, give war or dates of		7. INFORMANT	ADDRESS:		
mo no	service) _		archie	: Deval	Croom,	md.
W		18. MEDICAL CERTIFICA	rion			Interval Between
1 L. DISEASES C	R CONDITIONS DIRECTL	Y LEADING TO DEATH				Onset And Deat
Immediate	cause (a	TO TO	سلم		,	
Diseases or	t causes (s) conditions, if any,	b) allumle	o is	inerel and a	-, cing that of	lu_
stating the	inderlying cause last. DUE	0 0 1			0	
11. OTHER SIGN	VIFICANT CONDITIONS	0				
Conditions co	ntributing to the death but disease or condition causing	not g death.		24		
19a. DATE OF O		R FINDINGS OF OPERATION	1			20. AUTOPSY ?
-						Yes No D
related to the 19a. DATE OF OI	OF INJU				COUNTY) (ST.	ATE)
OF INJURY	(Day) (Year) (Honr)	While at Not While Work At Work		NJURY OCCUR?		
1	ertify that I attended t	he deceased from 12 - 1	,19.5.5, to	1-23, 19.5	, that I last sa	aw the deceased
alive on	1-23, 1956, and	that death occurred at . (Degree or title)	9:30 Am	from the causes as	nd on the date st	ated above.
& Cuine	H. D abam M.	9	G.	ranky win	1-	23-56
REMOVAL	(Specify) DATE THER	EOF NAME OF CEMET	ERY OR CREMAT	TORY LOCATION	(City, town, or coun	nty) (State)
DATE REC'D	BY LOCAL REGISTRAR	6 St. Thomas	S Cemeter	DIRECTOR		ADDRESS .
L-27-57	1 IHB	ellmesley	Ritchi	e Bros U	pper Marl	ooro, Md.
	7 77 7	7		W		

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9261 OE NAL

DECENTED

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	00900
CERTIFICATE OF DEATH Reg. Dist.	No. 243
TCSU 2, FILMULY Z=11-30 &C	
COUNTY Prince Georges MARYLAND STATE D. C. COUN	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) CITY (If outside corporate limits, write RURAL are or	nd give nearest town
X TOWN Glenn Dale (rural) 2 days TOWN Washington	4/11-3
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital	HATHAR PLOO
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day	
DECEASED: (Type or Print) JAMES T. DYER DEATH: Qan. 2	9 19 56
5. SEX: S. COLOR OR . SINGLE, MARRIED, . SINGLE, MARRIED, . SINGLE, MARRIED, . WIDOWED, DIVORCED	
Male White (Specify): Widowed 1/15/1878 77 yrs. -	
10a. USUAL OCCUPATIONGive kind of work done during most of working life, INDUSTRY: 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): 12. C	CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles Co. Md. 14. MOTHER'S MAIDEN NAME:	
James T. Dyer Anne Adams	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS:	
No Decedent.	
NO Unknown Decedent 18. MEDICAL CERTIFICATION	
In diseases or conditions directly leading to death Immediate cause (a) Luleu (newy Tubbe culos)	Onset And Deat
	- aly
Antecedent causes (s)	V
Diseases or conditions, if any, (b)	
stating the underlying cause last.	1
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?
	Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE (OF office bldg., etc.) (CITY OR TOWN) (SPECIFIC OF TOWN)	STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY OCCUR? Work At Work	
22. I hereby certify that I attended the deceased from Jan. 27,1956, to Jan. 29., 1956, that I last	saw the deceased
alive on Jam. 29, 1966, and that death occurred at 1.10 P.M., from the causes and on the date segment of the causes are caused the causes and on the date segment of the causes and on the date segment of the causes are caused to the cause are caused the c	stated above.
Allenn Dale, Md.	
	unty (State)
Removal 129156	ADDRESS
REGISTRAR 456 REGISTRAR'S SIGNATURE 24. EUNERAL DIRECTOR / (MWVK) / Hunton 3631	Da luchw

BUREAU V. S.

EEB 6 1826

BECEINED

work |

20	ATITO	PSV 9

(State)

Yes No

(State)

INTERVAL BETWEEN

ONSET AND DEATH

Reg. Dist.

No.....

(Year)

12. CITIZEN OF WHAT

COUNTRY?

Months

OF INJURY SIGNATURE

22. I hereby certify that I took charge of the remains described above, held an Autopsy 🔼, Inspection 🧭, Inquiry 🔀, and Accident [], Suicide [], Homicide [], find that death resulted from: Natural causes S. Undetermined cause | . CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. DATE SIGNED

CEMETERY OR CREMATORY

at work [

WEMOVAL (Specify):	1/17/56	Ere
DATE REC'D BY LOCAL	REGISTRAR'S SIGN	ATURE

24. EUNERAL DIRECTOR

ADDRESS

LOCATION (Gity, town, or county)

86

SE K PLE,

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(Year)

AND DEATH

20. AUTOPSY1

(State)

YES [

Hours

ONSET



BUREAU V. S.

TO GO DAY

PLAINLY
WRITE
PLEASE

974	CERTIFICATI	E OF DE	ATH Reg.	Dist. No. 243
1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DECEASE	D:
COUNTY Prince Georges	MARYLAND	STATE Wa	shington	COUNTY
CITY (If outside corporate limits, write OR and give nearest town) TOWN Glenn Dale (RURAL)	RURAL LENGTH OF STAY	OR _	de corporate limits, write RUR . C.	AL and give nearest town)
O STREET ADDRESS Glenn Dale H	Hospital	STREET ADDRESS 6	(If rural give loo 51 Maryland Ave.,	
3. NAME OF (First) DECEASED:	(Middle)	(Last) EYLFR	4. DATE (Month)	(Day) (Year)
Type or Print) 5. SEX: COLOR OR RACE: RACE: Female White (Specific Contents)	E, MARRIED. 8. DATE	EYLER OF BIRTH: 7/12	9. AGE last birthday: If und 13 yrs. Month	ER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Saleslady	10b. KIND OF BUSINESS OF INDUSTRY: Retail	Wilks,	(State or foreign country): N.Carolina	U.S.A.
13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:	
George Triplett		Claudia	Day	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.: 17. 578-40-6324	Deceden		
	18. MEDICAL CERTIFICATI	ON		7.4 1 70.4
1. DISEASES OR CONDITIONS DIRECTLY	Cor kul	monal	2	Interval Between Onset And Death
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE) uluer	ary The	berculois	5 won Pue
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but n related to the disease or condition causing	oot			
19a. DATE OF OPERATION: 19b. MAJOR				20. AUTOPSY ?
0				Yes No D
21. ACCIDENT (Specify) PLAC OF INJU	CE (Home, farm, factory, street office bldg., etc.) RY	(CITY OR TOW	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Not While Work □ At Work □	HOW DID INJUI	Y OCCUR?	
22. I hereby certify that I attended th		1 - 1 -		
alive on	that death occurred at (Degree or title)	6 20 AM, fro	m the causes and on the opress	DATE SIGNED
23. BURIAY, CHIMATTON, DATE THERE BENESON (Specify) 1/18/5	OF NAME OF CEMETE		le Hospital Md.	1/16/56 or county) (State) ford) West
DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR'S	S SIGNATURE	24. FUNERAL DIR	ECTOR Home	Belais hed.

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H-21-

BUREAU V. S.

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BECEINED.

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00904

220

91

CERTIFICATE OF DEATH

	Reg. Dist. No. 4.4	57
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	-
COUNTY Prince George (MARYLAND	STATE Washington V. C	,
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give dearest lown)	CITY (If outside corporate limits, write RURAL and give negres! town) OR	
TOWN daurel 5 mo. 12 de	7 TOWN $47x$	(-3
MISTITUTION OR STREET ADDRESS Laurel Sanitarium	STREET ADDRESS 102-E, SP. (If rur sije Idealogy)	V
3. NAME OF (First) (Middle) (Typa or Print) BESSIE LEE 7	18 FX OF TAN 19	(eer)
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specily) WIDOW. NOU,	OF BIRTH 9. AGE lest birthday 16. 1883 9. AGE lest birthday Wonths Days Hourt	ER 24 HRS.
10e. USUAL OCCUPATION (Give kind of work dona during most of workingslile, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF W COUNTRY?	HAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	<u></u>
John Marts	- Bell	
(Yas, no-or unk.) (If Yas, give wer or datas of service)	Daughter - Phis Elizabeth Huds	Lus Lus
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		TWEEN
330 × IMMEDIATE CAUSE (A) Cerebral 7	- hrombosis 3 da	DEATH
ANTECEDENT CAUSE(S) DUE TO COD 12	1. 1 + 1	0
DISEASES OR CONDITIONS, IF ANY, (B)	mocardillo o y	3 .
STATING UNDERLYING CAUSE LAST. DUE TO CEPENAL (C)	iterial Scherosis General	wens
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		0
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTO YES \ \	PSY?
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Ste	oto)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED Whita Not while at work	2II. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Ott. 7,	1955, to tas	leceased
alive on pan		BIGNED
Burial, CREMATION, DATE THEREOF NAME OF SEMETERY OF DURING SPECIFY)	ew Hamilton V	(Stete)
DATE TIME 24-56 M. Beashease	25 FUNERAL BIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	
	1 300 - 40 st. n.6	Hurbs

CERTIFICATE OF DEATH

BUREAU V. S.

0261- 85 NAI

24 23 1962 Take The

de Traperto Vere adarecto desgri par las estados estad

WRITE PLAINLY, WITH age is especially important. PLEASE

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF H	EALTH_RALTIMORE 18	00905 Reg. Dist.
MEDICAL EXAMINER'S CERT		No. 23/
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY COME SCARCED MARYLAND	STATE Md COUNTY Prince	Ciorcis
CITY (If outside corporate limits, write RURAL LENGTH OF STAY on and give hearest town)	CITY (If outside corporate limits write RURAL and OR	give nearest town)
TOWN Town D. A.	TOWN Jango	×
HOSPITAL OR INSTITUTION OR STREET ADDRESS PIN LE SLONGES SEN HOSP	ADDRESS 7301-Sanga Rd-W	ash De Po.
3. NAME OF DECEASED: (Type or Print) (First) (Middle)	(Last) 4. DATE (Month) (Day OF DEATH / - 2 ~	(Year)
5. SEX: 0 6 VOLOR OR 7. SINGLE, MARRIED, 8. DATE	1	000
Male What WIDOWED DIVORCED, 8-15	5-1898 57 yrs. Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
	14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of service)	n informant & ADDRESS: aurence Farrall - Sando	va Hels
18. MEDICAI	CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	entire heart biline	ONSET AND DEATH
DUE TO	1 -11.	
Antecedent cause(s) Diseases or conditions, if any, (b)	ve/har/disuse	
giving rise to the above cause DUE TO stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH.	21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while work \[\begin{array}{cccccccccccccccccccccccccccccccccccc	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describe		
find that death resulted from: Natural eauses Aceide	ent \square , Suicide \square , Homfeide \square , Undeter	mined cause []. DATE SIGNED

DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. M. D.

Jan. 6 1956 Crash. Nall REGISTRAR'S SIGNATURE 121 BURIAL, CREMATION, REMOVAL (Specify): DATE REC'D BY LOCAL REG. CREMATORY

1 ourse

24. FUNERAL DOLLEROR

LOCATION (City

Mid.

ADDRESS

Riverdale, Mal

town, or county)

(State)

JEVIEDED SOUTH

BUREAU V. S.

MARGIN RESERVED FOR BINDING

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921 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	CITATORISTANCIA MITA	OTS TOTAL MITT
	CERTIFICATE	CIR IIII A'I'H

RE, 18 00906 Reg. Dist. No. 237

1 place on print	
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) O	F DECEASED:
COUNTY Frence Googen MARYLAND STATEMON /and COUN	TY henow Jerger
CITY (If outside corporate limits, write KURAL LENGTH OF STAY CITY(If outside corporate limits, w	
38 TOWN horaly, many and level to Town Hey allo sold	le. and _ 15
	give location)
TO STREET ADDRESS Promes Jones Joy Hoge ADDRESS 4201 Og	lethree
	fonth) (Bay) (Year)
OF DEATH:	Jan, 17, 19 56
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): 8. DATE OF BIRTH: 9. AGE iast birthday	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OR INDUSTRY:	
13. PATHER'S NAME: Flood 14. MOTHER'S MAIDEN NAME:	
15. WAS DECASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	- 1 1
(Yes, no, or unk.) (If Yes, give war or dates of service)	Cherely, and
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
760.0	34/20
IMMEDIATE CAUSE (A) NONChophellmonia	01703
ANTECEDENT CAUSE (S) DUE TO ATOMORY OF A CONTROL OF A CO	2
GIVING RISE TO THE ABOVE CAUSE DUE TO	1 1
STATING UNDERLYING CAUSE LAST. (C) Old Intaggranial HEmogra	ACE 2 month
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	796
TO THE DEATH BUT NOT RELATED TO THE	,
DISEASE OR CONDITION CAUSING DEATH	
2	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work 21F. HOW DID INJURY OCCUR?	
OF INJURY While Not while at work at work	that I last saw the deceased
OF INJURY M. While at work Not while 22. I hereby certify that I attended the deceased from 11/2 1955, to 1/17, 1956,	
OF INJURY While Not while at work at work	
OF INJURY M. While at work I Not while at work I work I at work I	n the date stated above.
22. I hereby certify that I attended the deceased from // 2 1955, to /// 1956, alive on 1956, and that death occurred at 6-7, M, from the causes and o SIGNATURE A Characteristic M.D. College Park, 1956	n the date stated above.



BUREAU V. S.

VS. A15-

92MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00907

CERTIFICATE OF DEATH

	CHITICATI	d OF DEATH Reg. DIS	I. No.
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
0	COUNTY PRINCE GEORGE MARYLAND	STATE MARY land COUNTY POLING	à Gensone
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY and give nearest town)	CITY(If outside/corporate limits, write RURAL	and give nearest town)
	38 TOWN Cheucely, 8 days	TOWN Deat Pleasant	X
	HOSPITAL OR INSTITUTION OR	STREET Ilf rural give location	/
	STREET ADDRESS POINCE GEO. GEN HOSD	7013-7. \$1	
	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) OF	Day) (Year)
	Type or Print HOLONIO FOMI	DEATH: JAN.	1 1956
	BACE: WIDOWED DIVORCED	OF MRTH: 9. AGE last birthday IF UNDER 1	Days Hours Min.
	Male White (Specify): MARRIED -	7- /899 5 _yrs. 11. BIRTHPLACE (State or foreign country): 12.	
0	work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State of foreign country): 12.	COUNTRY?
01	even if retired) Cab die corre	14. MOTHER'S MAIDEN NAME:	U. S H.
	FELIX FORINGUA	ANTONIO SOL	
	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	10
1	(Yes, no, or unk.) (If Yes, give war or dates of service) 572-03-0653	El ', , '	10/3 F. ST.
	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
1	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0 1 =1	ONSET AND DEATH
	IMMEDIATE CAUSE (A) TO m on Paul	Congestion or Edem a	24 hause
	ANTECEDENT CAUSE (8)		1
2	DISEASES OR CONDITIONS, IF ANY, (B)	Thrombosis	24hours
4	STATING UNDERLYING CAUSE LAST. DUE TO	11./	7
	(c) CENEDAA	ATMOSCIEROSIS	1
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	and a Paretate	1
1,	I 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	MAYIMOSIAIE	19890
	2,		YES NO NO
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact	tory, 21c. WHERE DID (City or town) (Coun	ty) (State)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	
2	ZID. TIME (Month) (Day) (Year) (Hour) ZIE INJURY OCCURRED While At work at work	21F. HOW DID INJURY OCCUR?	
)	22. I hereby certify that I attended the deceased from	15 . 19 55 to 4/1 . 19 5 4hat I last	saw the deceased
40	alive on 1951, and that death occurred at	4 5 /	
2	SIGNATURE	ADDRESS	TE SIGNED
1	William drawn M	. D. 618 + Central Ane, Capital St	slowed 11/56
2	23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SECIFY) 1 - 3-56 Holdison	ERY OR CREMATORY LOCATION (City, town, V	(State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR	ADDRESS
	172/56 Umanda Dournly	J. W. Tees son - Wa	Link- D.C



BUREAU V. S.

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	MARGIN REEE	UNFADI
	4	WITH
		WRITE PLAINLY, WITH UNFADING IN
53		WRITE
VS. A15A - 5 - 53		PLEASE
VS.		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	() () 9 () 9 Reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No.23/
I. PLACE OF DEATH: 2. USUAL RESIDENCE, (HOME) OF DECEASED:	
COUNTY Prince Sences MARYLAND STATE Md. COUNTY Prince	Gencin
CITY (If outside corporate Mits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and	give nearest town)
OR and of nearest town Din is place OR TOWN See A P Garant	
HOSPITAL OR ANSTITUTION OR STREET ADDRESS CO 7 - 62 MA Pla	ce -
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day OF DECEASED: (Type or Print) (Day DEATH 1 - 24	(Year)
K CEV I C COLOD OD 1.7 SINCLE MADDED 1.8 DATE OF RIPTH. 10 ACV took birthdays i TREMANDED	
Female White (Specify) Married Sent 103 52 yrs. Months De	
	CITIZEN OF WHAT
13. FATHER'S NAME: 14. BOTHER'S MAIDEN NAME;	
15. W. DECEASED EYER IN U.S. ARMED FORCES? 16, SQUAL SECURITY No.: 17. INFORMANT & ADDRESS: Samuel 7. (Yes, no, or unk.) (If Yes, give war or dates of	Fowler
My Gervice) home lousland- Same addre	20
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
Immediate cause (a) tante congestive heart failure	
DUE TO	
Antecedent cause(s)	
Diseases or conditions, if any, (b)	
stating underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
(C)	
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	20. AUTOPSY? Yes 🗆 North
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc., INJURY (County)	
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS 12b. PLACE (Home form factory 12b. (City of town) (County)	Yes No
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while	Yes Notes
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Street, office bldg., etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 10	Yes Notice (State) (State) Inquiry , and mined cause .
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Street, office bldg., etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 22. I hereby certify that I took charge of the remains described above, held an Autopsy I, Inspection I, find that death resulted from: Natural causes D., Accident I, Suicide I, Homicide I, Undeter CHIEF MEDICAL EXAMINER SIGNATURE	(State) (State) , Inquiry , and mined cause DATE SIGNED
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Street, office bldg., etc., INJURY 21d. TOR (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 21d. TOR (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work 21e. INJURY 22. I hereby certify that I took charge of the remains described above, held an Autopsy I, Inspection S, find that death resulted from: Natural causes D., Accident I, Suicide I, Homicide I, Undeter SIGNATURE SIGNATURE ON ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMIN	(State) Yes North (State) Inquiry , and mined cause . DATE SIGNED 1-25-5-6
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY 22d. I hereby certify that I took charge of the remains described above, held an Autopsy Inspection indicated that death resulted from: Natural causes Accident Signature 22d. I hereby certify that I took charge of the remains described above, held an Autopsy Inspection indicated that death resulted from: Natural causes Accident Signature 22d. I hereby certify that I took charge of the remains described above, held an Autopsy Inspection indicated that death resulted from: Natural causes Accident Acc	(State) Yes North (State) , Inquiry , and rmined cause . DATE SIGNED 1-25-5-6
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY 22d. I hereby certify that I took charge of the remains described above, held an Autopsy Inspection find that death resulted from: Natural causes Accident Signature 22. I hereby certify that I took charge of the remains described above, held an Autopsy Inspection find that death resulted from: Natural causes Accident Signature 22. BURIAL, CREMATION, WATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION Chy, town, or control of the cont	(State) Yes North (State) Inquiry , and mined cause . DATE SIGNED 1-25-5-6
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 22. I hereby certify that I took charge of the remains described above, held an Autopsy Inspection of the find that death resulted from: Natural causes of the control of th	Yes Note (State) (State) , Inquiry , and mined cause . DATE SIGNED 1-25-56 unty) (State)



WIARILAND

883

CERTIFICATE OF DEATH

Reg. Dist. No. 23d

1 0	Halfeyte receipt of
1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
CITY (If outside corporate limits, write RUBA) and LENGTH OF STAY (on this place).	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8464-4 8 ave	STREET (If rural, give location)
3. NAME OF DECEASED (First) (Middle) (Type Print)	Silver OF DEATH Cay 23 196
5. SEX WIDOWED DIVORCED (Specify Control of the Con	Nove 9 1864 9. AGE last birthday If under 1 year If under 24 hr Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LOUSTRY ROOM.	11. BIRTHULACE (State or foreign country) 12. CITIZEN OF WHAT Washington (1997). A,
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	January College Park Ind
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	will congress tailors
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY INJURY OCCURRED While at Not While Not While At work	HOW DID INJURY OCCUR?
12 19 () Jun 24. 1961 Oak &	ADDRESS CHEMATORY LOCATION City, type, or colds. RY OR CREMATORY LOCATION City, type, or colds. (Swate)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. POWERAL DIRECTOR THE ANDRESS,

DECEDVED

BUREAU V. S.

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Physicians

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DATE REC'D BY LOCAL

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REGISTRAR'S

SIGNATURE

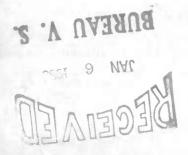
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A15.

VS.

MARYLAND STATE DEPARTMEN'	T OF HEALTH—BALTIMORE, 18 ()()9	11
925 CERTIFICATE		13/
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY OINCE GEORGE MARYLAND CITY (If outside corporate limits, write RURAL on and give nearest town) CTOWN	CITY(If outside corporate limits, write RURAL and give ne	
HOSPITAL OR INSTITUTION OR STREET ADDRESS PLINCE GEO. Gen. Hosp	STREET (If rural give location) ADDRESS	1
DECEASED: (Type or Print) William.	all OF DEATH: Jan. 4	(Year) 1956.
Male Black (Specify) mouried 310	1872 83 ? yrs. Months Days Hour	
work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN COUNTRY	
13. FATHER'S NAME: RICHARD HALL	UNKNOWN	
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: CATAERINE HALL, BOWIE	MD
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET	BETWEEN ND DEATH
alm. Un	Flanos & I las	
	terios elenses	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Schydull.	e agnise unknower	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Suhydulf. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	in, severe.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	in severe.	JTOPSY?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Suhydulf. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	20. Al YES DID (City or town) (County)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF OPERATION OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) M. 21E INJURY OCCURRED While Not while at work	tory, 21c. WHERE DID (City or town) (County) 20. Al YES tory, etc. INJURY OCCUR?	(State)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED While Not while at work 22. I hereby certify that I attended the deceased from Assignature 31 And that death occurred at SIGNATURE 32 And WAYALLA	tory, 21c. WHERE DID (City or town) (County) 20. Al YES tory, etc. INJURY OCCUR?	(State) deceased ove.

24. FUNERAL PHRECTOR



	nfol	STREET ADDRESS from Jeron Yer, Hoge, 5/07-1.
		3. NAME OF (First) Middle (Last) 4. DATE
	of ath	DECEASED: OF DEATH
7		Type or Print) DEATH 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birth
	item of de	RAGE: WIDOWED, DIVORGED,
	// .	J N (Specificationed 1/1/91 65
	every	10A. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY: 11. BIRTHPLACE (State or foreign
5	causes	even it retirest track Ein acousted u. S. Lond washington alie
BINDIN	e e	13. FATHER'S, NAME: 14. MOTHER'S MAIDEN NAME:
Z	Supply te the	John 7: Keenan linknown
81	K. Su write	40
62	J. E	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes, to, or unk.) (If Yes, give war or dates
FOR	Z oU	(1 tes, wo, or unk.) (11 tes, give war of acres of service)
		18. MEDICAL CERTIFICATION
RESERVED	ADING s: pleas	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
>	IQ	420.0 HORTIC STENOSIS
6		IMMEDIATE CAUSE (A) HORTIC STENOUSTS
502	UNF	ANTECEDENT CAUSE (8)
2	UNF	DISEASES OR CONDITIONS, IF ANY. (B) ARTERIOSCLEROTIC HEART
Z	1	GIVING RISE TO THE ABOVE CAUSE DUE TO
GI	WITH it. Phy	STATING UNDERLYING CAUSE LAST.
2	Dt. ₹	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
MARGIN	ta ta	TO THE DEATH BUT NOT RELATED TO THE
	L	DISEASE OR CONDITION CAUSING DEATH.
	AINLY, Wimportant.	19a. DATE OF OPERATION: 19a. MAJOR FINDINGS OF OPERATION
	7	
	/RITE PL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or to
	Eia S	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?
	WRITE	(IF EITHER, NOTIFY MEDICAL EXAMINER)
	N B	OF INJURY While Not while
	ren	M. at work at work
	OR e is	22. I hereby certify that I attended the deceased from June 1953, to Jan 14, 193
00	国 或	
,	TYPE rect a	alive on JAN 14, 195 k, and that death occurred at J. M, from the causes and
9	T e	Minor Dank Ceneral M. D. 3503 Pern St. MI (a
1	SE TYI	
20	4	REMOVAL (SPECIFY)
Al	区	Burial Jan 17, 1956 Rock Creek Cemetery Washing
	PLE.	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR
>		REGISTRAR 156 Umanda Druney F. Gasch's Sons Hy

CERTIFICATE OF DEATH

MARYLAND

LENGTH OF STAY

The

mation carefully. rly and legibly.

1. PLACE OF DEATH:

HOSPITAL OR INSTITUTION OR

(If outside corporate limits, write RURAL)

give nearest town)

COUNTY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No.

(Day)

(Year)

IF UNDER I YEAR Months Days Hours country): 12. CITIZEN OF WHAT ONSET AND DEATH 1SEASE 20. AUTOPSY? YES Z (County) (State) wn) R? that I last saw the deceased on the date stated above. DATE SIGNED gton D. C. ADDRESS F. Gasch's Sons Hyattsville, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: lary andounty

(If rural give location)

(Month)

CITY(If outside corporate limits,

OR STREET



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BECEINED

REGISTRAR'S SIGNATURE

(Day)

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(Year)

1956

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

NO [

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YES I

DATE SIGNED

(County)

112. CITIZEN OF WHAT

GOUNTRY?

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REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

BUREAU V. S.

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BECEINED

INSTRUCTIONS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Thomas Pilmolog 2 35 56 at	IFICATE	OF DEATH	st. No. 242
Item 8, FilmG192 2-15-56 et			
		2. USUAL RESIDENCE (HOME) OF DECEASI	
COUNTY Prince George's Co	MARYLAND		George's Co.
CITY (It outside corporate limits, write RURAL OR end give neerest town)	LENGTH OF STAY (in this place)	CITY (If outside corporete limits, write RURAL end give no	erest town)
X TOWN Parkland	15 Years	TOWN Parkland	×
HOSPITAL OR INSTITUTION OR		STREET (II rurel give location	1
STREET ADDRESS		ADDRESS # 2, Kentucky Ave.,	5.E.
3. NAME OF (First) (M	iddle)	(Lest) 4. DATE (Month)	(Dey) (Yeer)
(Type or Print) WOODROW WILS	SON HUT	TON DEATH Jan. 30	0th. 19 56
S. SEX 6. COLOR OR 7. SINGLE, MARRIED	8. DATE O		ER 1 YEAR IF UNDER 24 HRS.
Male RACE WIDOWED, DIVO	rried July 9	th. 1956, 1914 41 yrs. Months	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR II	OF BUSINESS	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT
to a discretion	Laver	Charleston, Tenn.	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Oscar R. Hutton		Flora I. Martin	
	SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
Yes, no, or unk. (If Yes, give wer or detes of service) Yes World War # 2.		Mrs Pauline L. Hutton #2	Ky Ave S.E
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.	18. MEDICAL CER		INTERVAL BETWEEN
15/X IMMEDIATE CAUSE (A) accents	Cardine	Lailures	ONSET AND DEATH
211. 70		10.	3
DISEASES OR CONDITIONS, IF ANY, (B)	celloma	toses - general	3 mos
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	1	M Stor - P.	100
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	appoint (1 - Chrock	1910,
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	nun		
19. DATE OF OPERATION / 196. MAJOR FINDINGS O	FOPERATION		2D. AUTOPSY?
4/20/55 1/30/56 as al	rere		YES NO H
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, off (IF EITHER, NOTIFY MEDICAL EXAMINER)	ferm, fectory, 2 ice bldg., etc.)	Tic. WHERE DID INJURY OCCUR? (City or town) (Co	unty) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. I		21f. HOW DID INJURY OCCUR?	
M. White	k et work		
22. I hereby certify that I attended the deceas	ed from >/6/37	7., 19, to 1/30/56, 19, that	I last saw the deceased
alive on 130, 5 4 19 , and 1	hat death occurred at	M, from the causes and on the date sta	ted above.
SIGNATURE	1	ADDRESS (Street, city, town, stete)	DATE SIGNED
Golf & Noowork M	A 1 M.D. 8	11- 8th. Street N. E. Jan.	30th. 1956
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or coun	ty) (State)
Burial Feb. 1st 56	Cedar Hill	Cemetery Suitland, Mary	land.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE POW 31-1956 Educa 7	Don't	8 . 1661- Good	Hope Road SE.
my more 100 Cand	, cure	Demonstry 1-279	1

CERTIFICATE OF DEATH and a total of there SHADYARA . Losto Perfer Zaletto ACTION A DESCRIPTION The Rest to House of the party of

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY STATE INCE MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) give nearest town) (in this place) TOWN TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS 3. NAME OF (Middle) (First) (Last) 4. DATE (Month) (Day) (Year) DECEASED moses MOWAVd Ohnson DEATH (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 1 4 CA 1 EQ 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH 9. AGE last hirthday | If under 1 year | Illunder 24 hrs. Months | Days | Hours | Min. 10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of FANNIE service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last teriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? PLACE (Home, farm, factory, street, OF office hidg., etc.)
INJURY 21. ACCIDENT SUICIDE (Specify) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? Not While While at INJURY Work At work | 1955, to Jan 31., 1956, that I last saw the deceased 22. I hereby certify that I attended the deceased from February ATORESS and on the date stated above. and that death occurred at ... 3 alive on..... SIGNATURE (Degree or title) DATE SIGNED 23. BURIAL CREMATION DATE THEREOF NA CHARLES OF THE PROPERTY O NAME OF CEMETERY LOCATION (City, town, or county) OR CREMATORY

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Supply every item of information write the causes of death clearly an

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MARGIN RESERVED FOR BINDING

DECEINED

BUREAU V. S.

(Year)

INTERVAL

ONSET AND DEATH

20_AUTOPSY1

(State)

~ (State)

ADDRESS

19 5 6

REMOVAL (SPECIFY)

BY LOCAL

BUREAU V. S.

EEB 1 1826

BECEINED

TO ATTENDING PHYSICIAN HOSPITAL: The law requires that the death certificate by The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

			239
Reg.	Dist.	No.	1

	MARYLAND STATE DEPARTMEN	IT OF HEALTH-BALTIMORE, 18	00917
	928 CERTIFICATE	OF DEATH	239
ľ	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D
	COUNTY PRINCE GEORGE MARYLAND	STATE MARZYLAND COUNTY BA	Toleton Comment
ĺ	CITY (It outside corporete limits, write RURAL LENGTH OF STAY OR end give neerest town) (in this place)	CITY (If outside corporete limits, write RURAL end give nee	rest town)
	4 TOWN LAUREL 2 915	TOWN BALTIMORIE	3 VOI-4
	HOSPITAL OR INSTITUTION OR LANGEL SAWATARIUM.	STREET ADDRESS TO WEST FRANK	LIN
-	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Dey) (Yeer)
	(Type or Print) WILLIAM H KAB		27 1956
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF Specify (Specify)	F BIRTH 9. AGE lest birthdey IF UNDER Months yrs.	1 YEAR IF UNDER 24 Hi
*	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BALTIMORE MA.	COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	407
1	WILLIAM H. MARERNAGEL	MINNIE STANG	al augustin
ŀ	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	-00,000
	(Yes, no, or unk.) (If Yes/give wer or dates of service)	KAYMEND SHAFFNER-	PRINC GR
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		I INTERVAL BETWEEN
	540.0	- 6	ONSET AND DEATH
	IMMEDIATE CAUSE (A) 17 EMOTOTORIA	96	1/1/
	DISEASES OR CONDITIONS, IF ANY, (B) OMSTRIC	ulcer.	12hr
	GIVING RISE TO THE ABOVE CAUSE DUE TO	10-	14.
	ic) arleriosci	erosis	Yearrs.
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Grand MalEpile,	SV JEAN
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		YES NO
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	Courte. WHERE DID INJURY OCCUR? (City or town) (Court	
		21f. HOW DID INJURY OCCUR?	
l	22. I hereby certify that I attended the deceased from MAY 1	9 1054 to JAN 27 1056 that 1	last saw the deces
I	SIGNATURE / A m	ADDRESS (Street, city, town, state)	DATE SIGNI
		1100 12 00 At 1200 1 h	1 1/2/11
	M.D.	402 Mais wor rainer ma	1/1/1
	M.D. 23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR) (State)
	23. BURIAL CREMATION, REMOVAL (SPECIFY) Cremation 1/30/56 Loudon P) /(State)
	23. BURIAL, CREMATION, REMOVAL (SPECIFY) A.D. NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county ark Crem Balto, Md.	ADDRESS
	23. BURIAL CREMATION, REMOVAL (SPECIFY) Cremation 1/30/56 Loudon P	CREMATORY LOCATION (City, town, or county ark Crem Balto, Md.	4

OF STRUCKLES STRUCKERS OF THE ATTEMPT OF SEALTH OF SEALT

STARREST OF DEATH

BUREAU V. S.

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	2. USUAL RESIDENCE (HOME)	OF DECI	EASED	: •
CERTIFICATE	OF DEATH	Reg.	Dist.	No. 23/
	Or HEDITOLIA DIXBIAM	OILLI,	TO	

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: .
COUNTY Trince Georges MARYLAND	STATE Maryland County Pri Goo.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	OR OR
TOWN Cheverly 5hrs. +25 mia	Town Chapel Oaks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges	STREET (If rural give location) ADDRESS 1422 - 57th Place
	Last) 4. DATE (Month) (Day) (Year)
	45 DEATH! Jan. 29, 1956
Female Cholored (Specify): Siogle 1-3	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 Has. 29-56 Wonths Days Hours Min. 5-25
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Reys, Henry	Poller, Moxine
18. Was Deceased Ever'in U.S. Armed Forces: / 18. Social Security No. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
of service)	Mothers Statistic Carc
18. MEDICAL CERTIFICATI	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
774X	£ 1: 1 1
IMMEDIATE CAUSE (A)	ry referred mentrane
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, (B) I alm ale	ereta
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
A SALE OF OF ENAMED IN SALE OF STREET, SALE	20. AUTOPSY?
0	
21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor or CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from ././ 2	9, 1956, to 1/29, 1956, that I last saw the deceased
SIGNATURE DI	ADDRESS DATE SIGNED
	RY OR FREMATORY LOCATION (Sity, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR' 56 Manual Durrey	24 FUNERAL DIRECTOR ADDRESS A
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S .V UAZZUS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00918

978 CERTIFICATE OF DEATH Reg. Dist.	No. 243
I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
HOSPITAL OR INSTITUTION OR days STREET (If rural give location)	d give nearest town)
Glenn Dale Hospital 621 23rd St., N. W.	V
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED: (Type or Print) Eugene King DEATH: January 7	(Year)
5. SEX: S. COLOR OR RACE: ACC: WIDOWED, DIVORCED, Single 108. USUAL OCCUPATION.Give kind of 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): 12. CI	Hours Min.
work done during most of working life, even if retlred): Cook Basino Cafeteria Kingsland, Ga. US 13. FATHER'S NAME:	OUNTRY?
Jim King It Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of Unknown Decedent	
Is. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Lucurum Tulier cultus DUE TO Antecedent causes (s) Diseases or conditions, if any, (b)	Interval Between Onset And Death 25 May
giving rise to the above cause stating the underlying cause last. (c)	3,6
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (ST	Yes No No
SUICIDE OF office bldg., etc.) INJURY	710,
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? While at Not While Not Work At Work	
22. I hereby certify that I attended the deceased from 12/5,1952, to 17, 1956, that I last salive on 17, 1956, and that death occurred at 6 P. M., from the causes and on the date st SIGNATURE (Degree or title) Glenn Dale Hospital RESS 7/56	aw the deceased tated above. TE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (Gity, town, or cour REMOVAL Specify)	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 3 SIGNATURE 24. FUNERAL DIRECTOR 457/	ADDRESS PIN

VS. A15

BECEINED

3261 81 NAC

BUREAU V. S.

(Day)

Days

(Year)

IF UNDER 24 HRS

Tense &

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

NO

(State)

DATE SIGNED

(State)

YES

ADDRESS

19

Hours

CITIZEN OF WHAT

COUNTRY?

CERTIFICATE OF DEATH Silver fall Vinsen BUREAU V. E. 3261 38 NAL - 12 - 12 - 14 - 2-1 with programme to the bearing

maryland state department of i	HEALTH_RALTIMORE 18 Re	()()92() g. Dist.
		230
. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY POSSES GEORGE MARYLAND	STATE WAS COUNTY Proces S	10000
CITY (1f outside corporate mits, while RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and give	e nearest town)
OR and twe nearest town (in this place)	TOWN College Pools	14
HOSPITAL OR	STREET (1f rural, give location)	1
INSTITUTION OR STREET ADDRESS 22-E. Hilbride Road	ADDRESS 5126- Wangum (Road.
NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) Tomus Tollian d	rug SRI DEATH 1-20-	- 19.56.
SEX: 6 COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): Warred	9. AGE last birthday: IF UNDER 1 YEAR Months Days	Hours Min.
on. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS Of work life, even if retired): Parties		TIZEN OF WHAT
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	3.4
Carrie Co Thus	Charlotte Man Harver	_
15. Of AS DECLASED EVER IN U.S. ARMED FOICES? 16. SOCIAL SECURITY NO.:	I7. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or data of service) (If Yes, give war or data of 523-17-9883	Wife - Same address	
18 MEDIC	AL CERTIFICATION	
Immediate cause (a) Control of the congu	11	NSET AND DEATH
Antecedent cause(s)		
Diseases or conditions if any. (b) Landway and	an renal disease.	******************
giving rise to the above cause DUE TO		
stating underlying cause last (c) I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.		
98. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	2	0. AUTOPSY? Yes □ No 🏋
la. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ 21b. PLACE (Home, farm, factory OF street, office bldg., etc. INJURY	, 21c. (City or town) (County)	(State)
1d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED		
OF While at Not while	21f. HOW DID INJURY OCCUR?	
OF While at Not while INJURY M. work at work		equiry 7. and
OF While at Not while	bed above, held an Autopsy □, Inspection ►, Indetermine □, Suicide □, Homicide □, Undetermine	equiry 5 , and ned cause 1 .
OF INJURY M. While at work □ at work □ 22. I hereby certify that I took charge of the remains descril find that death resulted from: Natural causes Accident	bed above, held an Autopsy , Inspection Irdetermine , Suicide , Homicide , Undetermine CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	quiry , and ned cause .
OF INJURY M. While at work at work 22. I hereby certify that I took charge of the remains described that death resulted from: Natural causes Accidentations Malaness (Hyattaville, Malaness)	bed above, held an Autopsy , Inspection Inspection	ned cause []. DATE SIGNED - 20-56
OF INJURY M. While at work at work 22. I hereby certify that I took charge of the remains described that death resulted from: Natural causes Accident SIGNATURE 3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER BENOVAL (Specify):	bed above, held an Autopsy , Inspection Indetermine , Suicide , Homicide , Undetermine , Undetermine , DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER , ASSISTANT MEDICAL EXAM.	ned cause DATE SIGNED - 20-56 (State)
OF INJURY M. While at work at work 22. I hereby certify that I took charge of the remains described that death resulted from: Natural causes Accidentations Malaness (Hyattaville, Malaness)	bed above, held an Autopsy , Inspection Indetermine , Suicide , Homicide , Undetermine , Undetermine , DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER , ASSISTANT MEDICAL EXAM.	ned cause []. DATE SIGNED - 20-56

BECEINED

BUREAU V. S.

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CERTIFICATE OF DEATH

950	Reg. Dist. N	10
1. PLACE OF DEATH- COUNTY Prince Glogic MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT	Va. Georges
OR give nearest town (in this place) TOWN CITY (If outside corporate limits write RURAL and LENGTH OF STAY (in this place)	CITY (If outside control limits, write RURAL and gi	vo nearest toya)
HOSPITAL OR INSTITUTION OR STREET ADDRESS BOX 23	STREET (If rural, give location) ADDRESS Box 23	
3. NAME OF DECEASED (Type or Print) Dovsey Winterson Ja	scallette 1. DATE (Month) OF DEATH Jan	(Day) (Year) 2 1956
Male COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Manual	May 18, 1897 58 yrs. Months	r. I year If under 24 hrs Daye Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business on Industry 10c. Kind of Business on Industry	Virginia	COUNTRY OF WHAT
Henry Lascollette	14. MOTHERS MAIDEN NAME	
15. Was Deceased Puer In U.S. Armed Forces? 16. Social Security No. (Yes, no. or unknown) (If year, give war or dates of service)	Lucy . Hibbits Box 23 6	Mendale and.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Broncho piet		INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	tasis, bil ateral	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sci. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	erotic Heart Disease	JCAPS-
198. DATE OF OFERATION 199. MAJOR PINDINGS OF OFERATION		Yes II No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1953, to	saw the deceased
alive on 1/1 , 19.56, and that death occurred at	PFD Bowie hd	1/2/56
23. BURIAL, CRÉMATION DATE REMOVAD-(Specify) 1-4-56 NAME OF CEMETE	natt. Em. devilland	Mrd.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 256 Under da De corre	W.W. Chambres & 5801- Ele	ADDRESS arlandar
1/5/56 Muss. ques M. Juigling	Rvin	dale med.

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TT ME TOUR TREE DEADS BUREAU V. S. DECENDINAL ...

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

MARYLAND STATE DEPART	IMENT OF HEALTH-BALTIMORE, 18
981 CERTIFICA	TE OF DEATH Reg. Dist. No. 24.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Prince Georges MARYLAND	STATE Maryland COUNTY Prince George
CITY (II outside corporate fimits, write RURAL OR end give neerest town) LENGTH OF STAY (in this place)	OR .
X TOWN Rural -District Hgts. > yr.	TOWN Rural District. Heights, Md
HOSPITAL OR MICE.	STREET (Il rurel give location) ADDRESS
street ADDRESS 7311 Grafton Street	7311 Grafton Street
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) George Bell	Leffler, Sr. DEATH Jan. 1 195
RACE WIDOWED DIVORCED.	b. 17,1891 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 Months Deys Hours A
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
refired) Ret. Navy Yard. U.S. Governme	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles E. Leffler	unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY I	deorge D. Holling
(Yes, no, or unk.) (Il Yes, give wer or dates of service)	7311 Grafton St. Prince Geo. C
	L GERTIFICATION INTERVAL BETWEE
163 X IMMEDIATE CAUSE (A) College	is of week with 9 may
ANTECEDENT CAOSE(3)	slaves to meels
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 190., DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	ACO . A TO . A VIOPSY?
4-1-55 Gettestale	e cerceneme of the yes No
216. ACCIDENT WAS UNDERLYING 216. PLACE [Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while at work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	15, 19,55, to 1,500 1, 19,50, that I last saw the decea
alive on	rred at
SIGNATURE () ()	ADDRESS (Street, city, town, steta) DATE SIGN
MICHALL TOWN M.E	
REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, or county) (Steh
Burial 1/4/56 Washin	gton Nat'l Cem. Prince Georges Co.Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE 2901 - 14 This
outan, 4.56 Carrie Campbel	I The 2.H. Mulsle yearly Ton H

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C . COU DON'THE . 10 DICTION LIES . 100 C.

BUREAU V. S.

and well a MAL

Middle Village

24. FUNERAL DIRECTOR

F. Gasch's Sons Hyattsville, Md.

ADDRESS

VS. A15 — 10 - 53

REMOVAL (SPECIFY)

Transportation

REGISTRAR

Jan 17, 1956

THE REPORT OF THE PARTY OF THE

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negative service that the transfer

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 7

1. PLACE OF DEATH- COUNTY		2. USUAL RES	IDENCE (I	HOME) OF DE	CEASED.	TOV.	
Prince George MARYLA	IND	SIAIL	Mary	land	Prin	nce Ge	egrae
CITY (If outside corporate limits, write RURAL and LENGTH		CITY (If ou		ate limits, write	RURAL and	give nearest	town)
TOWN Riverdale 4 De	place)	OR TOWN	Colle	ege Park			14
HOSPITAL OR Eugene		STREET		(If rural,	give location)		1
STREET ADDRESS Leland Memorial Hos	pital	ADDRESS	4712	Nantuck	ret Ro	ad	
3. NAME OF (First) (Middle)		(Last)		4. DATE	(Month)	(Day)	(Year)
DECEASED MITTIPOMON TROUTE		LYNCH		OF	Janua		_
	IED	8. DATE OF B	IPTH)	9. AGE last bir			2, 19 5
WIDOWED, DIV	ORCED,				Mont	hs Days	Hours Min.
Male William (Specify) Sil	INTE	May 28		or foreign country	yrs. (b	1 5 1	TYPE
done during most of working life, even if retired) INDUSTRY						COUNTRY	N OF WHAT
Infant At Ho	ome	Riverda	ale.	NAME NAME	1	Uas	SAA
13. FATHER'S NAME							
Norman E. Lynch		Evelyn		lling			
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Securi Yes, no. or unknown) (If yes, give war or dates of	TY No.	17. INFORMAL					
No service) None None		Mr. No	rman I	E. Lynch	i, Fatl	her	
18. ME	EDICAL CER	TIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	TH					INTERV	AL BETWEEN
	1.		Λ			ONDE	- O
Immediate cause (a) Massive in	archy	m Cere	brun	~		alnot	-3 days
			0 4	A .			,
Antecedent cause(s)	a FADOX	ral vein	a V du	and since	1000	* 4	
Diseases or conditions, if any, (b)	# 90 W			Y YOU A THINK			
stating the underlying cause last	A	4	1 +				150
(c) / Uningite	a, acm	M pure	len			1 acces	v Jagy
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		U					
related to the disease or condition causing death.							
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	RATION					20. AL	JTOPSY?
						Yes	No I
21. ACCIDENT (Specify) PLACE (Home, farm, fact	ory, street,	(CITY OR T	rown)	(COUNT		TATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY							
TIME (Month) (Day) (Year) (Hour) INJURY OCCURR	ED I	HOW DID IN	NJURY OC	CUR?			
OF While at Not W							
INJURY m. Work At w	ork 🗆	C -	4	- /			
22. I hereby certify that I attended the deceased from.	4478	19.55 to	Lan	2 1956	that I last	t saw the	deceased
0		4.4	//				
alive on 1946, and that death occu SIGNATURE	rred at	m.,	from the	causes and o	n the date	stated ab	ove.
SIGNATURE Degree or t	itle)	ADDRESS				DATI	E SIGNED
d/11/9/10/10	a. A	11/		.01	1	1 1 00	11.10
- winawai		11	2	and e	nes		730
23. BURIAL, Checking DATE THEREOF NAME OF				OCATION (Cit		_	(State)
Burial Jan. 5, 1956 Cedal	r Hill			Suitla	nd, Ma	rylan	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		24. FUNERAL				ADD	
18 19 56 James Olvery		W. W	. CHA	MBERS	RI	VERDA:	LE, MI

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BUREAU V. S.

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ems 18822 File Giy2 A tems 1 Pepartment of	HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAP EXAMINER'S CER	RTIFICATE OF DEATH	No. 6
1. PLACE OF BEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MARYLAND MARYLAND	STATE MG - COUNTY M - Jes	9 -
CITY (If outside corporate timits, while RURAL LENGTH OF STAY OR and give nearest town) (in this place)	Y CITY (If outside corporate limits write RURAL and OR TOWN While House Here	give nearest town)
HOSPITAL OR INSTITUTION OR TREET ADDRESS 72 00 Sheriff Road.	STREET ADDRESS 7200 Sheriff	road.
3. NAME OF DECEASED: (Type or Print) Flora Golwards Y	(Last) 4. DATE (Month) (Day OF DEATH 1 - 16	(Year) - 19 5 6
RACE: WIDOWED, DIVORCED, (Specify) A JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN	-20-83 70 yrs. Months De	EAR IF UNDER 24 HRS. AVE HOURS Min. CITIZEN OF WIIAT
work done during most of work life, even if retired):	Maryland	COUNTRY?
Jacob Am drew Edwards	14. MOTHER'S MAIDEN NAME: Vingima Com Ferre	el.
Was Deceased Ever In U.S. Armed Forces? Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No.:	Somuel Edwards - alyan	diaci. Va
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a)	CAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) Congestive hea	y/chessestay/	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factor OF street, office bldg., et INJURY	ry, 21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While at Not while INJURY M. M. at work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descr		
SIGNATURE John Malones (Hyattaville Ma	dident [], Suicide [], Homicide [], Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	DATE SIGNED
SIGNATURE 28 AND Walong Hyattoulls. March Thereof Name of CEMETE BENOVAL (Specify): 1/7/56 Evergue	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. LOCATION (City, town, or co Bladensburg.	DATE SIGNED - 16-56 unty) (Syste)
SIGNATURE 28. HOLLAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify):	cident [], Suicide [], Homicide [], Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. EXY OR CREMATORY LOCATION (City, town, or co	DATE SIGNED



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

934 CERTIFICATE OF DEATH

18	00927
eg.	Dist. No. 139

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
7	COUNTY rince Glorge MARYLAND	STATE Virginia COUNTY
	CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest lown)
	OR end give heerest town) (in this place)	TOWN Falls (Lussale con
	HOSPITAL OR HOSPITAL OR 174 Mu. 21 da	Tucis contract 80x-0
	INSTITUTION OR autel samuarum	STREET ADDRESS (If rural give location)
	X STREET ADDRESS Caurel - Maritand	1 660h Willston Place
	3. NAME OF (First) (Middle)	(Lest) , 4. DATE (Month) (Day) (Year)
	(Type or Print) MAUG. E MA	URICE DEATH OM. 1 1956
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	
	Temak While (Spacify) Widow DEC	17, 18 16 79 yrs. Months Deys Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign codnery)
1	retired) NOILECLUTEC	bile of the Companiania COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAJDEN NAME
	Jacob Beam	Clisabett Rowman
	15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	1, 17, INFORMANT/& ADDRESS
-	(Yes, no, or Junk.) (If Yes, give wer or dales of service)	Winnifred, Jule - day of ly
0	LINE FLET UT	12602 Willsom Place Tall (1464)
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ITIFICATION NTERVAL BETWEEN ONSET AND DEATH
	1500	as a selection of the s
	133X IMMEDIATE CAUSE (A) The Letter of L	mounta graymon
	ANTECEDENT CAUSE(S) DUE TO ()	newson di Ti
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	Man year
1	STATING UNDERLYING CAUSE LAST. DUE TO	and lease Octorio
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	retras interiordenses "
	TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH.	
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	0	YES NO
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, ferm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
		21f. HOW DID INJURY OCCUR?
0.1	M. While Not while et work	
	22. I hereby certify that I attended the deceased from Cot 16	1954, to pare 7, 1956, that I last saw the deceased
	alive on faith 6 19.5 6 , and that death occurred at	D' 1130 4 to 1 to
5	SIGNATURE ()	
9	tours of bassiss 1	ADDRESS (Street, city, town, stele) DATE SIGNED
-55	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMANON GENERAL CERCIANITO QUE IS 1160 - 1-16
ပ္ထ	ARMOVAL (SPECIFY)	
₹	DURIA 1/10/56 DG/ENWAG	od CEMETERY MASHING YOU DO
V.S	24. JEC'D BY REGISTRAR PAR REGISTRAR'S SIGNAL STATE OF THE STATE OF TH	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATES G. G.	Frank Seires , Sons Co., 3605-1438
1	DATE MI DECORDER	10005 77 - UT. N.
		WAShington, D.C.

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EUREAU V. S.

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VS. A15-10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00928

935 CERTIFICATE OF DEATH

Reg. Dist. No.

10. USUAL OCCUPATION (Give kind of owork done during most of working life work freely and the life work done during most of working life work freely and the life work done during most of working life work freely life work done during most of working life work done during most done life work done during most of working life work done life work done during most done life work done life wor				
OR and give indirect town Cin this place OR County	ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D: //
OR and give indirect town Cin this place OR County	gib	COUNTY & PINNE (-POPER SURPLIAND	STATE MO COUNTY PRI	Mr forsens
OR and give indirect town of the county of the this place) OR MAN AND AND AND AND AND AND AND AND AND A	leg	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY		and give nearest town)
MOSPITAL OR OR STREET ADDRESS 11 STREET ADDRESS 30 2	pu	OR and give inearest town)/ (in this place)	OR // 1 10 MA	ning 1
ADDRESS 3302 — MARCO F (First) (Middle) (Last) D. A. DATE (Month) (Day) (Year) S. SEX. 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday if chocked reas 1 under at home work done during most of working life, even fretired): 100 LIVENESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WILLIAM 13. MATHER'S NAME: 14. MOTHER'S MAIDEN NAME: 15. WAS DECRASED EVEN IN U.S. AMMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: 15. MARCO FORCEST 16. MEDICAL GERTIFICATION 16. MEDICAL GERTIFICATI		30 Sacrett, Coll	CON ///// /////	VON. X
DECEASED Type or Print: 1087 119	irl	INSTITUTION OR /		Dinne
DECEASED Type or Print: 1087 119	les	The state of the s	3302-40-7	LHCC
RACE: WIDOWED, DIVORED. AND 1880 To. USUAL OCCUPATION (Give kind of lose kind of Business of lose kind of lose kind of Business of lose kind of lose kind of Business of lose kind of lose				Day) (Year)
RACE: WIDOWED, DIVORED. AND 1880 To. USUAL OCCUPATION (Give kind of lose kind of Business of lose kind of lose kind of Business of lose kind of lose kind of Business of lose kind of lose	eat	(Type or Print) - LILABCTH-61850N-1	DEATH: //	1906
10. LISUAL OCCUPATION (Give kind of 10s KIND OF BUSINESS of Interpret of working life, even if retired; 1956 work done during most of working life, even if retired; 1956 work done during most of working life, even if retired; 1956 work done during most of working life, even if retired; 1956 work done during most of working life, even if retired; 1956 work done during most of working life, even if retired; 1956 work done during most of working life, even if retired; 1956 work done during most of working life, even if retired; 1956 work done during most of working life, even if retired; 1956 work done during most of working life, even if retired; 1956 work done during most of working life, even if retired; 1956 working life, even if retired;		RACE: , WIDOWED, DIVORCED,		The same of the sa
14. MOTHER'S MAIDEN NAME: 14. MOTHER'S MAIDEN NAME: 15. SOCIAL BECURITY NO. 17. INFORMANT & ADDRESS: 16. MEDICAL CERTIFICATION 17. INFORMANT & ADDRESS: 18. MEDICAL CERTIFICATION 18.			6,1880 yrs.	
14. MOTHER'S MAIDEN NAME: 14. MOTHER'S MAIDEN NAME: 15. SOCIAL BECURITY NO. 17. INFORMANT & ADDRESS: 16. MEDICAL CERTIFICATION 17. INFORMANT & ADDRESS: 18. MEDICAL CERTIFICATION 18.	Se	NOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	
14. MOTHER'S MAIDEN NAME: 14. MOTHER'S MAIDEN NAME: 15. SOCIAL BECURITY NO. 17. INFORMANT & ADDRESS: 16. MEDICAL CERTIFICATION 17. INFORMANT & ADDRESS: 18. MEDICAL CERTIFICATION 18.	Cau		ENGLANA	2650
18. WAS DECRASED EVER IN U.S. AMMED FORCEST 18. SOCIAL BECURITY NO. 17. INFORMANT & ADDRESS: 18. MEDICAL CERTIFICATION 18. MEDICAL CAUSE (S) 18. MEDICAL CERTIFICATION 18. MEDICAL CAUSE (B) 19. MEDICAL CAUSE CONDITIONS IF ANY. 19. MEDICAL CAUSE CONDITIONS CONTRIBUTING 19. MAJOR FINDINGS OF OPERATION 19. MAJOR FINDINGS OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES NO OPERATION 210. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) 19. MAJOR FINDINGS OF OPERATION 21. METHOD COUNTS	-	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	1
18. MEDICAL CERTIFICATION INTERVAL BETWOONSET AND DE		JOHN LIVERSFAGE	ANNE CHADWICK	
18. MEDICAL CERTIFICATION INTERVAL BETWOONSET AND DE	rit	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	COLMANUA
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) DUE TO DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) CO OR CONTRIBUTION CAUSING DEATH. 19A. DATE OF OPERATION: 21A. ACCIDENT WAS UNDERLYING DOF INJURY Street, office bidge, etc. 21B. PLACE (Home, farm, factory, INJURY OCCUR? OF TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 22D. TIME (Month) (Day) (Year) (Hour) 23D. TIME (Month) (Day) (Year) (Hour) 23D. BURIAL GREMANON, RELIGIONAL EXAMINER) 23D. BURIAL GREMANON, DATE (HEREOF) NAME OF CEMETERY OR CRIMINAL DISECTOR ADDRESS OR CONDITIONS DIRECTLY LEADING TO DEATH ONE TO THE ADDRESS OR CONDITIONS OF OPERATION 21D. TIME (Month) (Day) (Year) (Hour) (State) OF TIME (Month) (Day) (Year) (Hour) (Hour) (State) ADDRESS DATE SIGNED DATE RECOUNT REPORT OF CEMETERY OR CRIMINAL ADDRESS (COUNTY) (State) DATE RECOUNT REPORT OF CEMETERY OR CRIMINAL ADDRESS (ADDRESS OF COUNTY) (State) DATE RECOUNT REPORT OF CEMETERY OR CRIMINAL ADDRESS (ADDRESS OF COUNTY) (State) DATE RECOUNT REPORT OR CRIMINAL ADDRESS (ADDRESS OF COUNTY) (State) DATE RECOUNTY REDICAL EXAMINER) ADDRESS OF CONDITIONS DIRECTLY LEADING TO THE ADDRESS (COUNTY) (STATE OF COUNTY) (STATE			Ale 640 10000 3302-404 A	ARD MILL
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21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While No while 21F. HOW DID INJURY OCCUR? While No wh	it.		rorlling.	duit 10 26
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22. I hereby certify that I attended the deceased from		0		YES NO
22. I hereby certify that I attended the deceased from	a	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact	cory, 21c. WHERE DID (City or town) (Coun	ty) (State)
22. I hereby certify that I attended the deceased from	eci	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
22. I hereby certify that I attended the deceased from	esi		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	02			
alive on		22. I hereby certify that I attended the deceased from !	, 19 54 to 1 - 7 , 19 52, that I last	saw the deceased
SIGNATURE SIGNATURE M. D. 19 M. D. 10 8 Polar Signature ADDRESS DATE SIGNED M. D. 10 8 Polar Signature ADDRESS DATE SIGNED M. D. 10 8 Polar Signature ON THE PROPERTY OF CREDIT PROPERTY OF COUNTY (St. 10 Polar Signature) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE SIGNED (St. 10 Polar Signature) ADDRESS DATE SIGNED (St. 10 Polar Signature) ADDRESS DATE SIGNED (St. 10 Polar Signature) (St. 10 Polar Signature) DATE SIGNED (St. 10 Polar Signature) (St. 10 Polar Signature) DATE SIGNED (St. 10 Polar Signature) (St. 10 Polar Signature) DATE SIGNED (St. 10 Polar Signature) (St. 10 Polar Signature) DATE SIGNED (St. 10 Polar Signature) (St. 10 Polar Signature) DATE SIGNED (St. 10 Polar Signature) DATE SIGNATURE (St. 10 Polar Signature) DATE SIGNATURE (St. 10 Polar S	e2			
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS OF THE PROPERTY OF TH	00	23. BURIAL, CREMATION, DATE / HEREOF NAME OF CEMETE	RY OR CREDITATE TO CALLY (City town, or	county (State)
REGISTRAR/		110/5/ North	Jeneson and	
			24. FUNERAL DIRECTOR	ADDRESS O. 6.
			1 Soffice 47	5-t1.11 W

130813 JAM 16, 1880 Enne HAND 11111200 40 WE CHADICK COMPAN JCHN LIVEKSEDGE

BUREAU V. K.

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BECEIVED

1. of 26 - John John Com Mile - 15.

00929 Reg. Dist. H No. 23/

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	
				1 / 1 / A	

I. PLACE OF DEATH: \	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Truck Glaves MARYLAND	STATE Many luclounty P. S.	
CITY (If outside corporate limits, write RUPAL (if this place) TOWN CITY (If outside corporate limits, write RUPAL (if this place)	CITY (If outside corporate limits write RURAL and OR TOWN OR of the	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lave's Court Hosp	STREET (If rural, give location)	
3. NAME OF DECEASED: (Type or Print) Frederick Theodore	Medlay 4. DATE (Month) (Day)	(Year) 19 5 - 6
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, File Fil	27, 1908 47 yrs. Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of 19th KIND OF BUSINESS O	or 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Ignative medley	Tosa Jeenson	
15. WAS DICEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	Cora a heally a cache	eh, het
	CAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a) Intra Cro	wal humbone	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any. (b)	ulet renal classes	
giving rise to the above cause DUE TO		
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
Q .		Yes No 🗆
21a. EXTERNAL CAUSE WAS PRIMARY ☐ Or CONTRIBUTING ☐ OF Street, office bldg., etc CAUSE OF DEATH.	24,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while 1NJURY M. work \[\begin{array}{cccccccccccccccccccccccccccccccccccc	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri		
find that death resulted from: Natural causes , Acci		
Signature Is Son	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	1-9-5-6
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY COCATION (City, fown, or con	(State)
DATE REC'D DY LOCAL REGISTRAR'S SIGNATURE REG. 15/56 (Invando Lotune)	W.E. James Co- 1432-	Jou H hw
		178

OBVIDED IN 11 1556

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

983

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. 239

8		Reg. Dist. No	
The	1. PLACE OF DEATH. COUNTRINCE GEORGE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	ce George
efully.	CITY (If outside corporate limbs, write RURAL and OR give nearest town) REL REDU Shis place)	OR TOWN LAUREL RFD #	e nearest town)
n car	HOSPITAL OR INSTITUTION OR STREET ADDRESS BOX 407	STREET BOX 407	7
matio arly a	3. NAME OF (First) (Middle) DECEASED (Type or Print) MINNIE WMI	MERSON 4. DATE (Month) OF DEATH J 2.4	(Day) (Year) 24 1956
of information carefully leath clearly and legibly.	6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH AVE 11, 1870 9. AGE last birthday Months Yrs.	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME		COUNTRY?
every item	Scherer.	Sch.	
y eve	15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Robert H. Merson-3102 Webs	ter ST (SON)
Suppl	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATE
INK. please	33/ X Immediate cause (a) Cerebral h		8 hrs.
UNFADING IN t. Physicians: pl	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Arterio scle hypertensi		years.
Phy.	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes O No D
, WITH	21. ACCIDENT (Specify) SUICIDE HOMICIDE INJURY PLACE (Home, farm, factory, street, office, hidge atc.)	(CITY OR TOWN) (COUNTY)	(STATE)
LAINLY	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY — Mork — At work —	HOW DID INJURY OCCUR?	
PLAINLY s especially	22. I hereby certify that I attended the deceased from 1/24	20	
WRITE	alive on 1/24 , 1926 , and that death occurred at (Degree or title)	ADDRESS ADDRESS Laure D. D.	ated above. DATE SIGNED
	23. BORIAL, CREMATION DATE THEREOF NAME OF CEMETE, BEMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or count	ty/ (State)
PLEASE	DATE REC'D BY LOCAL SEGISTRAR'S SIGNATURE	24. FUNERAL DERECTOR	ADDRESS LL MA

MARGIN RESERVED FOR BINDING

The correct age

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VS. A15

DECEIVED 380 1956

BUREAU V. S.

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INSTRUCTIONS

ATTENDING PHYSICIAN C. HOSPITAL: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

894

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

· A			
1. PLACE OF DEATH Prince George's	2. USUAL RESIDEN	CE (HOME) OF DEC	EASED
COUNTY MONYECHENTY MARYLANE	STATE Mary	and COUNTY	allegany
CITY (If outside corporate fimits, write RURAL LENGTH OF STA	Y CITY (If outside corpor	eta limits, write RURAL and	giva nearest town)
OR and give neerest town) (in this piece)	OR TOWN		
113 account 1 7 mas	Cumbe	rland	01-03-
HOSPITAL OR INSTITUTION OR	STREET ADDRESS	(If surel give	location)
STREET ADDRESS 7404 W. Park Drive		Averitt Ave	4
3. NAME OF (first) (Middle)	(Lest)	4. DATE (Month)	(Day) (Year)
DECEASED WART OF WINE	MULLER	DEATH JA	The state of the s
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. RACE WIDOWED, DIVORCED,	DATE OF BIRTH	_	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White (Specify) Married	3/14/1887	68 ym.	Months Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	1 11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	THE BIRTH BY CE (SING OF TOTAL)	,,,	COUNTRY?
retired) Plumber Intra. Tr.	Pennsyvania	1	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN I	IAME	
	70	/ **.1	0.000
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. I 17. INFORMANT & A	Unknown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unk.) (If Yes, give wer or deles of service)	NO. IT. INFORMANI & A	DDKESS	
No 232 I8 76	07 Mrs Andres	Konner Hy	attsville Md
18. MEDICA	AL CERTIFICATION		I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 , 1 1		ONSET AND DEATH
4341 IMMEDIATE CAUSE (A) CONGRATINE,	Whent Knikas	2.0	a uns
2015 70	1 111 1	1	0
DISEASES OR CONDITIONS, IF ANY, (B)	ma a franch	rentures.	
GIVING RISE TO THE ABOVE CAUSE		- Children Chi	
STATING CHOEKETING CAOSE EAST.			
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	0 0		
TO THE DEATH BUT NOT RELATED TO THE	0 0.		
DISEASE OR CONDITION CAUSING DEATH. Y AND INC.	Well Well		
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES NO D
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR	? (City or fown)	(County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. fNJURY OCCURRED		?	
M. et work at work	• 🗆	120 120 120 120 120	
/	2.1	1210 101-1	
22. I hereby certify that I attended the deceased from	19.5		, that I last saw the deceased
alive on 1, 3, 3, 19, 5, and that death occur	urred at	auses and on the da	te stated above.
SIGNATURE, // . /	ADDE	ESS (Street, city, town,	state) DATE SIGNED
At The Sidens	1. D. 11. 11/1 Percell	c RV lety-	4 Shriver 1/201
	TERY OR CREMATORY	LOCATION (City, fown,	or county) / (Steta)
REMOVAL (SPECIFY)			1
	ter & Paul	Cumberland	Maryland
24. RECT BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
- (b , 31,000 (b	Louis Stein,	Inc. Cumber	fland Ma
DATE Jan. 31,1956 James Levere	Douth Doutil,	THE CHILDE	Land, Mus

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Committee of the NAC and the state of the st

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 244

		A 10. Francisco Francisco
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Prince George's MARYLAND	STATE Maryland COUNTY Prince	George's
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWNACCOKECK LENGTH OF STAY (in this place) Transien	OR	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS anning Road and Route 201	STREET (If rural, give location)	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Henry James Mi	(Last) 4. DATE (Month) (Day) unson Jr DEATH January 23	(Year) 19 56
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT WIDOWED, PIYORCED, NO. (Specifical Color of Co	FE OF BIRTH: 9. AGE last birthday: IF UNDER I YE No. 20, 1895 60 yrs. Months Day	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even in the		COUNTRY A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Henry James Munson	Lillie Dent	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of Yes.) Yes.	Mrs Rose Carter Washington,	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Asphyxia Due to Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) Asphyxia Due to Drowning		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yea No
21a. EXTERNAL CAUSE WAS PRIMARY LA or CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.	Accokeek P. G.	(State)
TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work I at work	Lett th scheam by stoe of	
22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes [], Accisionature		
REMOVAL (Specify): 1/24/56	RY OR CREMATORY LOGATION (city, town, or could be seen a series of the second series of the s	D.C
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. TUNERALI DIRECTOR	ADDRESS

PLEASE WRITE PLAINLY, ATH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING



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937 MARYLAND STATE DI			302084
CERT	FICATE OF D	EATH Reg. D	ist. No. 2
1. PLACE OF DEATH:	2. USUAL F	RESIDENCE (HOME) OF DECEA	SED:
COUNTY TO, ace Georges MAR	LAND STATE	Md. COUNTY Pr	. Georges
	GTH OF STAY CITY(If of this piace) OR	utside corporate limits, write RURA	L and give nearest tow
TOWN Cheverly	Smin. Town	/ dyattsville	16
HOSPITAL OR INSTITUTION OR Prince Georges Ben.	Jospital STREET ADDRESS	5 7419 - 25th	Averal
3. NAME OF (First) (Middle) DECEASED: (Type or Print) James D.	(Last) Daulty	4. DATE (Month) OF DEATH:	(Day) (Year) 3/ 1957
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED WIDOWED, DIVORGE (Specify): Married (Specify):	8. DATE OF BIRTH:	9. AGE last hirthday Funces Months	1 YEAR IF UNDER 24 HR
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) late family	BUSINESS 11. BIRTHPL	ACE (State or foreign country): 11	2. CITIZEN OF WH
13. FATHER'S NAME: Daulty	14. MOTHER	S MAIDEN NAME:	ACT IS
(Yes, no, or unk.) (If Yes, give war or dates of service)	SECURITY NO. 17. INFORM	ANT & ADDRESS:	
18. MEDIC	L CERTIFICATION		INTERVAL BETWE
I DISEASES OR CONDITIONS DIRECTLY LEADING .	cuti Conges	les Houliere	ONSET AND DEA
ANTECEDENT CAUSE (S)	1000 7. (Dec.	mary Edeura	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	Tris Dellers tec	Caraw Varender,	Orec -
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	3		Car
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS	OF OPERATION		20. AUTOPSY
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Iome, farm, factory, reet, office bldg., etc. INJURY		ounty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJU OF INJURY M. 21E INJU While at work	Not while at work	DID INJURY OCCUR?	
22. I hereby certify that I attended the decease	()	/	
alive on 1996, and that dea	(A)	om the causes and on the day	te stated above. OATE SIGNED // 3///6
23. BURIAL, CREMATION, DATE THEREOF, REMOVAL (SPECIFY) July 3, 1936	ME OF CEMETERY OF CREM	ATORY LOCATION (City, town,	or county) (Sta
REGISTRAN 1956 (manda d)	usey J. Ori	hur Salters, 2540	Parrall N KW

Dr. John Maloney, Coroner, Motefeed y he au tecen motefees) Hopital et would be ox for Hopetal Phegsecean to Pegn DEath Certificate.

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VS. A15-10-53

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

00933 No. 23 938 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Trince Georges MARYLAND	STATE Md. COUNTY Trince Georges'
CITY (If outside corporate limits/ write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest to
38 TOWN (heverly 38 days	OR TOWN West Lanham X
HOSPITAL OR	STREET (If rural give location)
7 INSTITUTION OR Prince George's General Hospital	ADDRESS 4908-784h Quenue
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Loffie	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: / 3 19 56
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE	
00,0000	-28-1878 77 yrs. Months Days Hours M
IOA. USUAL OCCUPATION (Give kind of tob. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WH
even if retired) formerste own Home	Yew dersey U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas Hoyle Reley	anne Johnson
15. WAS DECEASED EVER IN D.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give wer or dates of service)	Statistic Cand
18. MEDICAL CERTIFICA	TION INTERVAL BETWI
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DE
IMMEDIATE CAUSE (A)	chopnemnonia 3 days
ANTECEDENT CAUSE (8)	betri cure con chi la monte
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	12 th Comment
STATING UNDERLYING CAUSE LAST. (C)	Tabelles mellilus 15 year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	N 20 AUTORS
0	20. AUTOPSY
21A. ACCIDENT WAS UNDERLYING ☐ CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (County) (State) , etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	D 21F. HOW DID INJURY OCCUR?
	,
22. I hereby certify that I attended the deceased from 12/	
alive on	t // 65 FM, from the causes and on the date stated above.
SIGNATURE STATE MARCINE	ADDRESS
	A.D. 30-C Priedo Rul Gelybell, 1-14-19
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMENT REMOVAL (ISBORIETY) 1/15/56 Bellevel	TERY OR CREMATORY COCATION (City) town, of county) (Sta
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL PIRECTOR ADDRESS 2
REGISTRAR 56 Vernandi Douney	I Desche some ryallardes

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg! Bist.4
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 142
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Prince Georges MARYLAND STATEMAN COUNTY Prince	e Genes
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and live nearest town town town town the state of the sta	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7580 Walker mill Road ADDRESS 7580 Walker mill (18 rural, give location)	Pood
3. NAME OF DECEASED: (Type or Print) Panala Jame Ge DEATH Jaw 20	-1
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y WILLOWED, DIVORCED, Sull 20, 1954 yrs. Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work life, even work done during most of work life, even work done during most of work life, even work lif	COUNTRY?
13. FATHER'S NAME: Howard Ogle Clarissa angie B	retton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, yo, or unk.) (If Yes, give war or dates of service)	e aldre
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) acute congestion heart facture DUE TO	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes 🗆 No 🗗
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF OF Street, office bldg., etc., INJURY (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While at Not while 1NJURY	
22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undeter SIGNATURE SIGNATURE M. D. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	
23/ BURIAL, CREMATION, DATE THEREOF AME OF CEMETERY OR CREMATORY LOCATION (City, town, or confidence of the confidence o	Md.
DATE REC'D BY LOCAL DEGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REG. 15-56 Capper Merl	boro. Md.

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Reg. Dis 0 355 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE No. 245 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Prince Georges STATE Maryland COUNTY Prince Georges MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL CITY (If outside corporate limits write RURAL and give nearest town) OR and give nearest town)
TOWN Hyattsville (In this place) TOWN Hvattsville mons. HOSPITAL OR STREET (If rural, give location) INSTITUTION OR 5406 Decatur Street ADDRESS 5406 Decatur Street STREET ADDRESS (First) (Middie) (Last) 4. DATE (Month) (Day) (Year) DECEASED: ALBERTA CLARA O'LEARY DEATH January 4th. (Type or Print) 19 56 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTIL: 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. WIDOWED, DIVORCED, (Specify): Single May 13th, 1901 Months Days Female 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of work life, INDUSTRY: COUNTRY? Terebrone Operator C&P Telephone Co. Cumberland, Md. USA 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: O'Leary Eugene Shewbridge Addie 15. WAS DECEASED EVER IN U.S. ARMED FORCES ?! 16. SOCIAL SECURITY No .: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of Mrs. Esther Zaccarin, 5406 Decatur service) None Myattsville. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH 44 Immediate cause Anteccdent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes 🗌 No 🔽 21b. PLACE (Home, farm, factory, 21c. (City or town) 21a. EXTERNAL CAUSE WAS OF street, office bldg., etc., INJURY (County) (State) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? INJURY at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [7], Inquiry [7], and find that death resulted from: Natural causes X, Accident _, Suicide _, Homicide _, Undetermined cause _. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE DATE SIGNED 23. BURIAL, CREMATION, REMOVAL (Specify): LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY Jan. 9/1956 | Fort Lincoln Cemetery Colmar Manor. Pr. Geo. Co. Md. Burial DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR on Allano W.W. Chambers Company, Riverdale, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Item 9 CERTIFICATE OF DEATH

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939 Item 9 CERTIFICATE OF DEATH	Reg. Dist. No. 23
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF	DEGEASED:
COUNTY TENCE GEOLOGES MARYLAND STATE Md. COUNTY	tr. Georgea
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) CITY (If outside corporate limits, write RURAL (in this place) OR	RURAL and give wearest town
TOWN Cherch Cy Will. (in this place) OR TOWN College Fact	. md. 014
HOSPITAL OR INSTITUTION OR STREET OF INSTITUTION OR STREET ADDRESS CHARLES COMMENTED TO THE RESERVE COMMENTS OF THE PROPERTY O	e location)
3. NAME OF (First) (Middle) (Last) DATE (Mon OF OF OF DEATH: 3	(th) (Day) (Year)
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): 12-27-75 9. AGE last birthday 1 80yrs.	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	COUNTRY?
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
Unknown Unknown	
18. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service) 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Add	L
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) VII MI OCIALY MAILINGS	/ week
ANTECEDENT CAUSE (S) DUE TO Corregue. Flyourlysis	6 weeks
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(c)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (If Either, NDTIFY MEDICAL EXAMINER)	(County) A. (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
22. I hereby certify that I attended the deceased from /-/2, 1956, to /- 16, 1956, the	nat I last saw the decease
alive on 1-15, 1956, and that death occurred at 120 M, from the causes and on the SIGNATURE	
Hun Wouldle M.D. 30. c Pribe Roy Creew	Lell, nur 1-16-195
	y, town, or county) (State

EUNERAL DIRECTOR

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DATE REC'D

BY LOCAL

REGISTRAR'S SIGNATURE

BUREAU V. S.

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Wash, D.C.

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age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

UNFADING INK. Supply every item of information carefully.

Reg. Dist. No. 243

		Reg. Dist	. No
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	COUNTY Prince Georges MARYLAND	STATE D. C. COU	NTY -
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN Glenn Dale (rural) 2 days	CITY (If outside corporate limits, write RURAL a OR TOWN Washington	and give nearest town)
	HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital	STREET (If rural give location)
1	A MAND AD	1437 Taylor St., N.	
	3. NAME OF DECEASED: (Type or Print) Belinda J.	(Last) 4. DATE (Month) (Da OF DEATH: Javary	y) (Year) 23 1956
	5. SEX: S. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday: IF UNDER 1	ays Hours Min.
	10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife		CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	UHKHOWH
	John Feeney	Ann Fov	
0	15 WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of	Joseph M. Owens, 1137 Taylor St.	M M
	18. MEDICAL CERTIFICATI	ION	Interval Between
	In DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) DUE TO	my Merculinis	Onset And Death
	Antecedent causes (S) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	12011	18 yrs
A	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
4	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)	t, (CITY OR TOWN) (COUNTY)	Yes No No
	HOMICIDE INJURY	WOW DID VALUE AGGINS	
	TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
1	22. I hereby certify that I attended the deceased from Jan. 2		
	alive on Jan 23, 19.56, and that death occurred at SIGNATURE (Degree or title) Glenn	m Dola II AULITESS 3/00/7/	ALE SIGNED
	Bullia 1 - 400 Williams	n Dale Maryland n Dale Maryland city or crematory Location (City, town, or co	u
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24 FUNERAL DIRECTOR	145 SX. N.W

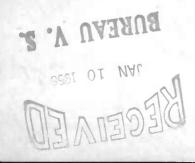
PLEASE WRITE PLAINLY, WITH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

>首外	CERTIFICATE OF DEATH Reg. Di	st. No. 230
carefully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE AHOME.) OF DECEASE	A
in i	COUNTY MARYLAND STATE COUNTY	100
ion ca	CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this face) TOWN CITY (If outside corporate limits, write RURAL (in this face) TOWN	and give nearest town)
m of information carefully.	HOSPITAL OR INSTITUTION OR 4703 - Out STREET ADDRESS (If rural give location STREET ADDRESS)	n) /
att of	3. NAME OF GEORGE STUART PARKER 4. DATE (Month) OF JEATH: JAN	(Day) (Year) 4 1956
ite	6. COLOR OR 17. SINGLE MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday WIDOWED. DIVORCED. (Specify) WIDOWED. DIVORCED. (Specify) WIDOWED. DIVORCED. (Specify) WIDOWED. DIVORCED.	Days Hours Min.
every	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired;	COUNTRY OF WHAT
pply	13. FAXHER'S NAME: Darter Frances Church	.0
INK. Su	(Yes, no, or unk.) (If Yes, give was or dates of service)	er adding
195	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
ADING s: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
9	154X Claubearrerowa ruch	42,00
UNFA sicians	IMMEDIATE CAUSE (A) DUE TO	1779
UNF	ANTECEDENT CAUSE (8)	(
WITH U	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Slever Melaulau	
it &	(C)	
AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
3 1	Herry 53 Aport	20. AUTOPSY7
WRITE PI especially	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	inty) (State)
- m	OF "INJURY OCCUR? M. 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While at work at work	
0 e	22. I hereby certify that I attended the deceased from 190 to 190, that I la	st saw the deceased
SE TYPE	(help as / lank	e stated above.
PLEASE	BEMOVAL (SPECIFY) CON 6, 1976 St. Johns	or country (State)
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 5 1955 1	ADDRESS MAI



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 2 4 &

HEIDTOILM EMERICAN CHAR	THE COURT OF DESIGNATION	140.00 ye 472
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Prince George's MARYLAND	STATE Maryland COUNTY Prince	Georgela
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and	
OR and give nearest town) TOWN Forest Heights 6 years	OR TOWN Forest Heights	X
HOSPITAL OR	STREET (If rural, give location)	1
INSTITUTION OR STREET ADDRESS 109 Seneca Drive	ADDRESS 109 Seneca Drive	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
DECEASED: (Type or Print) Horace Burton P	eck OF DEATH January	5 ¹⁹ 56
	E OF BIRTH: 9. AGE last birthday: IF UNDER I Y	EAR IF UNDER 24 HRS.
What has supplied the supplied of the supplied to the supplied	28/76 79 yrs. Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS Of work done during most of work life, INDUSTRY:		CITIZEN OF WHAT
Crefketired): Retired	Maine	J2S A
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Liberty Llewllyn Peck	Elenor Edgecomb	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO : 1	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Richard H. Houston, same ac	dness
	AL CERTIFICATION	201 033
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AM CERTIFICATION	INTERVAL BETWEEN
Mailte conceptt	ve heart failure	ONSET AND DEATH
Immediate cause (a) ROUGE CONSTITUTION	ve neart larrure	
A	man al discoss	
Diseases or conditions, if any. (b) Oar ULOVAS GULAT	renar disease	
giving rise to the above cause DUE TO stating underlying cause last		
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory,	. 21e. (City or town) (County)	Yes No No
PRIMARY or CONTRIBUTING OF street, office bldg., etc. CAUSE OF DEATH.	,	(built)
21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED While at Not while	21f. HOW DID INJURY OCCUR?	
INJURY M. work at work		
22. I hereby certify that I took charge of the remains describ		
find that death resulted from: Natural causes , Accid	dent \square , Suicide \square , Homicide \square , Undeter	mined cause [].
SIGNATURE	DEPUTY MEDICAL EXAMINER	1/5/56
annel J. Joya	M. D. ASSISTANT MEDICAL EXAM.	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or con	5
DATE RECO BY LOCAL REGISTRAR'S SIGNATURE	1 24. FUNERAL DIRECTOR	ADDRESS
() REG. 1 12 -111-5 1 \(\frac{1}{2} \)	Aires - Button	11.61. mol
Jan. 6-19 6 palica / Teline	The state of the s	1001-44
	Hope all s. z wash	Be

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of in Tmation carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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Supply every item of information carefully.

of death clearly and legibly.

causes

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write

please

Physicians

important.

especially

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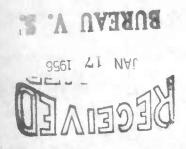
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34WARYLAND STATE DEPARTMENT OF HI	
CERTIFICATE OF I	DEATH Reg. Dist. No.
1. PLACE OF DEATH: 2. USUAI	RESIDENCE (HOME) OF DECEASED:
	Maryland county Paince Grorge
OR and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) OR OR	f outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) TOWN HOSPITAL OR OR TOWN Gin this place) TOWN TOWN STREE	Cedan Height (If rural give location)
77 STREET ADDRESS Paince Geo. Gen. Hosp	1129-65th Aoe
S. NAME OF (First) (Middle) (Last) DECEASED:	4. DATE (Month) (Day) (Year)
(Type or Print) JOHN. Percing	DEATH: Jan 14 1956
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed 14. Feb 18	Months Dave House Min
IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS 11. BIRTH	PLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life. OR INDUSTRY:	Virginia U.S.A.
13. FATHER'S NAME:	ER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service)	RMANT & ADDRESS:
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	card infacts. 3 ches (Cours) Years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCUR?
OF INJURY While M. While at work	W DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from /// 1956	to 1/19, that I last saw the deceased
alive on 1956, and that death occurred at 5 A M, SIGNATURE HUND Words M. D.30-C	from the causes and on the date stated above. ADDRESS DATE SIGNED 1-14-1956
23 BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CRE	MATORY LOGATION (City, town, or county) (State) 4609 BEHMINGRD, D.C.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR SO MANUA DE COMMIS	NERAL DIRECTOR ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH

988

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

0			
The	1. PLACE OF DEATH: COUNTY HER MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Y P S
fully.	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN What - White mallows had (in this place)	CITY (If outside corporate limits, write RURAL and give TOWN Rugal, What marlows	ve nearest town)
death clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS Rural - 21/2 hm north	9-202.
mation arly a	3. NAME OF DECEASED (First) (Middle) (Type or Print) (Pwe///h // // // // // // // // // // // //	Perrie 4. DATE (Month) OF DEATH Jan	(Day) (Year) 2 195
infor th cle	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) married	3 hor 1894 9. AGE last birthday If under Months	Days Hours Min.
of dea	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even'll retired) 10b. Kind of Business or Industry INDUSTRY WIN-Business 13. FATHER'S NAME	s Ind	COUNTRY?
ory ite	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME Cuzapeth Referen Ferg	usen
Supply every item write the causes of	(Yes, no, or yaknown) (If yes, give war or dates of service) 18. MEDICAL CE	mre Thelma Perre	Upper Morlboro
pp		RIPICATION	INTERVAL BETWEEN
Su	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 1 .	ONSET AND DEATH
INK. please	Immediate cause (a) Coronary	Thrembosis	1 min
G IN	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	4	5 years
VFADING Physicians:	stating the underlying cause last (c)		
5 . 1	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
', WITH UNFADING	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No Z
200	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
INLy	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, Work At work	HOW DID INJURY OCCUR?	
WRITE PLAINLY is especially	22. I hereby certify that I attended the deceased from June	11 45	
RITE	alive on, 1953., and that death occurred at	ADDRESS ADDRESS	ated above. DATE SIGNED
	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or coun	2 Jan 55
PLEASE	Burial (Specify) 1/5/56 Nt. Carme	Cemetery Upper Marlboro	Md.
PLI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. Oan \$ 1956 Gohn F Danner	24. FUNERAL DIRECTOR Ritchie Bros. Upper Mar.	lboro, Md.

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Vá.	941 CERTIFICATE	OF DEATH	
death rd co		Reg. Dist	No. 739
r de	Item 9, FilmGl91 1-20-56 et		
e t	Cara -1 A	2. USUAL RESIDENCE (HOME) OF DECEASE	
5 =	COUNTY MINCE GET COLO. MARYLAND	STATE Marylange COUNTY Rev	
tor,	CITY (If outside corporate limits, while RURAL LENGTH OF STAY OR and give nearest town)	CITY (If outside Exporate limits, write RURAL and give near	rast town)
ire in	TOWN Jaurel 18 Months	TOWN Hera terrillo	15
ral d	HOSPITAL OR HOSPITAL OR STREET ADDRESS LAWS & STREET ADDRESS LAWS	ADDRESS 2309 aparthe literation action).	Stuet 1
withi	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
the f	(Type or Print) AN Pic	KERING DEATH LANG	13# 1056
by by	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C		
9 5	Temale white (Specify) Widow Dec.	3, 1878 178 74 yrs. Months	Deys Hours Min.
4 P	10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	
Ti fi	retired) Horsewife	Elizabeth-West Viennia	1. S. a.
e be filed will impletely fille transit permit	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
mplete ransit	pames C: Tendall	Roanna Lowthe	71
omp trai	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 UNE ORMANICA COPRES Mrs. (1. E.	Fisher
ist Call	(Ms, no, of unk.) (If Yes, give wer or dates of service)	2309 apach St. Hun Hos	ille - mal.
and bur	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET/AND DEATH
ath c cian as a	(" (I) di ma	us lot the light strong	DONSELJAND DEATH
hysic use a	IMMEDIATE CAUSE (A) DUE TO	Tool III	12 regime
w n	DISEASES OR CONDITIONS, IF ANY, (B)	Messo Carditio	Ylann Gua
ing in	STATING UNDERLYING CAUSE LAST. DUE TO	OH! And	201
ires th attendi	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Unano-Allerosis	Lyeurs
quire a att detac	TO THE DEATH BUT NOT RELATED TO THE		0
the be d	DISEASE OR CONDITION CAUSING DEATH, 198. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20 41702643
law by	O		20. AUTOPSY? YES NO
The I	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (Cour	(Stete)
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
em de de	M. at work A stwork	A A	
IREC been ass	22. I hereby certify that I attended the deceased from	3, 1954, to ared 17th, 1956, that 1	last saw the deceased
L DI has l ficate	alive on any 1956, 1956, and that death occurred at	the Land M. from the causes and on the date state	d above.
4 20	SIGNATURE & LASO CLASSINS M.D.	ADDRESS (Street, cltr), town, state)	DATE SIGNED
ZEL	23. BURIAL, CREMATION DATE THEREOF / NAME OF CEMETERY OR	CREMATORY LOCATION (City, Jown, or county	17.3/3 L
certific death A15C 1-	transportation 1/14/06 fluion das		Pa
75	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 EUNERAL BIRECTOR'S SIGNATURE	ADDRESS)

GERTLEICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

			1	-	
Reg.	Dist.	No.	d	J	1

CERTIFICAT	E OF DEATH Reg. Dist	. No. 2
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY TOINCE GEORGE MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STA'	STATE MARY and COUNTY TRIN	
OR and give nearest town) OR (in this place) 4 day	OR TOWN MA RAINIER	I'll give hearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS PRIADE COM MACH	STREET (If rural give location) ADDRESS 3305. Chauncey	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) FRANCIS	(Last) 4. DATE (Month) (Day) (Year)
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATI	E OF BIRTH: 9. AGE last birthday IF UNDER 1	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11/ BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHA
13. FATHER'S NAME: Louis Pulaski.	14. MOTHER'S MAIDEN NAME: Elizabeth Kusnak	
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Hospital Records Chever	ly Int
18. MEDICAL CERTIFICA	TION	INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Polmonary Interests	48 Les.
ANTECEDENT CAUSE (S)	Mitnal Steness	7
GIVEN	heumatic HEAT DISEASE	7
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	DN	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (if either, notify medical examiner)		ty) (State)
OF INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from the		
sign Ture	ADDRESS M. D. Ceneralali, md	re signed
OREMOVAL (SPECIEY)	TERY OR CREMATORY LOSATION (City, town, 6)	county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 6 56 Sunanda Devenly	24 FUNERAL DIRECTOR Hyalls	rolle ma

A15-10-53 VS. PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

	OBITITIOATI	OF BEATH	Reg. Dist. No.
5	1. PLACE OF DEATH:	1 2. USUAL RESIDENCE (HOM	E) OF DECEASED:
legibly	Prince Leorgie	had	PM
0.0	COUNTY		COUNTY UNITY
Ž	OR and give nearest town) (in this place)	CITY(If outside corporate lim	its, write RURAL and give nearest town)
and	OR and give nearest town (in this place)	TOWN /	
	HOSPITAL OR	STREET (If	rural give location)
T.	INICTITUTION OF /// ///	ADDRESS	S- A
clearly	94 STREET ADDRESS Belle Nursing your	7423.	1200 194.
	3. NAME OF (First) (Middle)	(LaA) A. DAT	E (Month) (Day) (Year)
death	DECEASED:	OF	1
lea	(Type or Print) 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAKE	OF BIRTH: 9. AGE last b	
	AACE: VIDOWED DIVIDICED.	9. AGE last b	irthday IF UNDER YEAR IF UNDER 24 HRS. Months Days Hours Min.
of	Male (Specify):	1956	yrs. O I
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or fore	gn country): 12. CITIZEN OF WHAT
ng.	work done during most of working life. OR INDUSTRY:	1 (1.1)	COUNTRY?
		1 44. MOTHER'S MAIDEN NAM	D.C. 14. D.W.
the	13. FATHER'S NAMES 11	d4. MOTHER'S NAIDEN NAM	<u> </u>
9	Lean Valley	Jana Holde	XII.
write	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
*	(Yes, no, or unk.) Yes, gree war or dates	コーナル・コ	
Se	of service)	1200000	
please	18. MEDICAL CERTIFICAT	ion	INTERVAL BETWEEN
d	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0 1	ONSET AND DEATH
	752X	1. 1 d	10 V/ 00
E S	IMMEDIATE CAUSE (A) DUE TO	-gear	Punt on
Physicians	ANTECEDENT CAUSE (8)	00	1-111
52	DISEASES OR CONDITIONS, IF ANY. (B) Thy along	ceptalus	berth on
in in	STATING UNDERLYING CAUSE LAST.		
	(C)		
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
rta	TO THE DEATH BUT NOT RELATED TO THE		
00 0	DISEASE OR CONDITION CAUSING DEATH.		
E	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
			YES NO
especially	21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fac	tory. 21c. WHERE DID (City or	town) (County) (State)
cia	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	, etc. INJURY OCCUR?	
pe	(IF EITHER, NOTIFY MEDICAL EXAMINER)	D 21F. HOW DID INJURY OCC	71107
es	OF INJURY While Not while	1 21F. NOW BID INSONT OCC	SORT
00	M. at work at work		
	22. I hereby certify that I attended the deceased from // 9	. 1956. to //// . 1	9.56 that I last saw the deceased
age		American de la constantina della constantina del	
	anve on 1./// , 1956, and that death occurred at	ADDRESS	nd on the date stated above.
oe.	SIGNATURE A	0.1 0 10	700 1 1 / 1 1 5 K
correct		1. D. Go Clear and	ma ///
õ	22 BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATI	ON (City, town, or county) (State)
	1-13.56 Urles Im	Walsonal arts	reton Vais
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	124 FUNERAL DIRECTOR	1 ADDRESS
	REGISTRIO 56 Mas Jan Dong of M.	9. Baselia Sana	- Huallandle, Mod
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EUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. 283

PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Prince Georges legibly D. C. COUNTY STATE COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) carefully. OR and give nearest town)
TOWN Glenn Dale (rural OR TOWN (in this place) Washington yr., I mo. and and 9 days HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS 1616 3rd St., N. W. Glenn Dale Hospital clearly 3. NAME OF (First) (Last) 4. DATE (Year) DECEASED: Jan. 12 1956 (Type or Print) Jayne DEATH: death 5. SEX: 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify): Married 8. DATE OF BIRTH: S. COLOR OR 9. AGE last birthday: If UNDER I YEAR | IF UNDER 24 HRS. RACE: Months Days Female Colored 10a. USUAL OCCUPATION Give kind of work done during most of working life, 112. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): Jo INDUSTRY: COUNTRY? even if retired): Clerical work Navy Dept. causes Marshville, N. C. TISA 13. FATHER'S NAME: every Raymond L. Hamilton Laura Sturdivent 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of Supply No service) Write Decedent Unknown MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death 00 X Immediate cause d Pulmonary Tuberculosis, Far advanced . IS We DUE TO Antecedent causes (s) Physicians: Diseases or conditions, if any, giving rise to the above cause DUE TO stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. important. 20. AUTOPSY ? 19a. DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATION Yes V No ACCIDENT (Specify) (CITY OR TOWN) (COUNTY) (STATE) PLACE (Home, farm, factory, street. SUICIDE OF office bldg., etc.) INJURY HOMICIDE especially TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? While at Not While INJURY At Work DA Work 22. I hereby certify that I attended the deceased from 200. 3,1954, to Jan. 12, 1956, that I last saw the deceased 6, and that death occurred at 3:50 p.m., from the causes and on the date stated above.

(Degree or title)

OATE SIGNED alive on Jan. 20 Hospita 96 OR CREMATORY DATE THEREOF LOCATION (gity, town, or county) REMOVAL (Specify) 3/56 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FUNERALDIRECTOR

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BEET 88 NAT .

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Correct	990	CERTIFICATE	OF D	EATH	Reg. Dist.	No
	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:					
of information carefully. The	COUNTY Prince Georges CITY (If outside corporate limits, write OR and give nearest town) TOWN Glenn Dale (rural HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale	1 yr., 2 mos.,	STATE CITY (If o OR TOWN STREET ADDRESS	Washington	COUNT nits, write RURAL and a if rural give location) entwood Rd.,	l give nearest town)
ery item of information causes of death clearly	3. NAME OF DECEASED: (First) DECEASED: (Type or Print) 5. SEX: 2. COLOR OR 7. SING) Female COLOred (Specific Work done during most of working life, even if retired): Housewife	(Middle) LE, MARRIED, 8. DATE OF SUSINESS OR INDUSTRY:	18/1897 II. BIRTHPL. Maxton	58 ACE (State or for	irthday: IF UNDER 1 YEA yrs. Months Day eign country): 12. Cl	s Hours Min.
ry i	I3. FATHER'S NAME:			MAIDEN NAME:		
Supply every item write the causes o	George Jacobs 15 Was Deceased Ever In U.S.Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of		Ira McC NFORMANT & ecedent			
UNFADING INK. Sur Physicians: please wr	giving rise to the above cause	TO Puluma		rbercu	Opis	Interval Between Onset And Death 3 402
FAI	stating the underlying cause last. DUE	то				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but a related to the disease or condition causing I9a. DATE OF OPERATION: 19b. MAJOR	death.	hel hel	litus		20. AUTOPSY ?
Y, mpo	SUICIDE	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	rown)	(COUNTY) (ST	ATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY OCCUR? While at Not While Work At Work						
PLEASE WRITE P	22. I hereby certify that I attended the alive on	that death occurred at 10. (Degree or title) Glenn Da. M. D. Glenn Da. EOF NAME OF CEMETERS	le Hospit	from the causes		cated above. TE SIGNED
PLE4	DATE REC'D BY LOCAL REGISTRAN	S SIGNATURE 24	FUNERAL D		John T,	ADDRESS CO

VS. A15

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	VS. A15 — 10 - 53

MARYLAND STATE DEPARTME	NT OF HEALTH—BALTIMURE, 18	00948
943 CERTIFICAT	TE OF DEATH Reg. Disc	. No.23/
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
Paince Garage	STATE COUNTY	
COUNTY RINCE TEORGE. MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STA	STATE COUNTY CITY(If outside corporate limits, write RURAL:	and give nearest town
OR and give nearest town) (in this place)	OR .	11/93
Town Cheoerly 23 days	Mashinaton &C	11-11(-0)
HOSPITAL OR INSTITUTION OR	STREET (If rural give iocation)	
STREET ADDRESS VRINCE Geo. Gen. Hosp	133 Crestlanden	ST N.E. V
S. NAME OF (First) (Middle)		Day) (Year)
DECEASED: (Type or Print) Boby Girl	abosniskoo OF DEATH: Jan 1	8 1956
	TEN OF BIRTH: 9. AGE iast birthday IF UNDER 1	
	5 - Dec 1925 - yrs. 3	Days Hours Min.
DA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
even if retired):	Mashington, D.C.	
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
ABE SAPOSNEKOO	IDA Smith	
. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
Yes, no, or unk.) (If Yes, give war or dates of service)	ABE SAPOSNEKOO	
18. MEDICAL CERTIFIC		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
525x D	water to tout to	77
IMMEDIATE CAUSE (A)	mount, interpret	, John
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, (B)		V
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
(C)		1 1 1 1 1 1
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	D''.	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	INGOCELE, Sping Spide	
9A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATI	ION	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, for CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bld	factory, 21c. WHERE DID (City or town) (Coun	ty) (State)
IF EITHER, NDTIFY MEDICAL EXAMINER)		
ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURR While Not while	RED 21F. HOW DID INJURY OCCUR?	
M. at work at work		
2. I hereby certify that I attended the deceased from De	en, 1991, to ou (8, 196, that I las	t saw the decease
	at 6 A.M. from the causes and on the date	stated above
alive on 3, 19 0, and that death occurred a	ADDRESS . DA	TE GRENED
712 00-11	ma la mo	Jan. 18. C
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMI	ETERY OR CREMATORY LOCATION (City, town, o	r county), (State
REMOVAL (SPECIFY)	P. D. D.	Chil
burner illela wider	one completely	ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS 10
1/18 ble Maranda Doune	1 rangement on 1	MINIO

DECEIVED 1956

BUREAU V. S.

Reg.	Dist.
~	18 "

MEDICAL	EXAMINE	K'S CERT	TIFICATE	OF DI	CATH	No.
I. PLACE OF DEATH:		1	2. USUAL RESIDENCE	(HOME) OF DE	CEASED:	
COUNTY home	Geo-	MARYLAND	STATE MA	COUNTY	h: Su	7
CITY (If outside corporate OR and giv eafest to TOWN	wn)	LENGTII OF STAY	CITY (If outside control or TOWN	Portagimits write	RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	mai Sigras	Can Hoan	STREET ADDRESS 5 4 2	(Il rural, 5-55 LL	give location)	
		thi Sa	rolone -	4. DATE (M OF DEATH	onth) (Day)	(Year) 1956
5. SEX: 6. COLOR RACE:	WIDOWED	RRIED, 8. DATE NOORCED, FA	OF BIRTH: 9. 1	GE last birthdsy 36 yrs	Months Da	BAR IF UNDER 24 HRS. ys Hours Min.
10a. USUAL OCCUPATION work done during most even if retired);	of work life, INI	ND OF BUSINESS OR DUSTRY: Home	11. BIRTHPLACE	State or foreign	country): 12.	COUNTRY?
13. FATHER'S NAME:	senllatt		14. MOTHER'S MANDE	N NAME:		
15. WAS DECEASED EVER IN U. (Yes, no, or unk.) (If Yes, gi service)	J.S. ARMED FORCES? 16. Soc ve war or dates of	CIAL SECURITY No.: I	7. INFORMANT & ADI	PRESS:	ne ad	dress
I. DISEASES OR CONDITIO	NS DIRECTLY LEADING		L CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) DUE TO	loxem	ia -			
Antecedent cause(s) Diseases or conditions, if	any. (b)	enshing L	Valorato	ylexan	white	44-
giving rise to the above stating underlying caus	cause DUE TO Lab. r		that the bloometi			
II. OTHER SIGNIFICANT C TO THE DEATH BUT DISEASE OR CONDITION	ONDITIONS CONTRIBUT	Was C	turate poison:		zaun uug	
19a. DATE OF OPERATION	19b. MAJOR FINDING	OF OPERATION:				20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE W. PRIMARY or CONTRIB CAUSE OF DEATH.	INJURY		21c. (City or town)	ale- Tou	Seo -	(State)
21d. TIME (Month) (Day) OF INJURY /- 30-5	(Year) (Hour) 21e. INJ While work		21f. HOW DID INJ	A thi	stone	-
22. I hereby certify the						
SIGNATURE	lited from: Natural	tta Di Ma	CHIEF M DEPUTY	MEDICAL EXAMI	NER MINER	mined cause DATE SIGNED
23. BURIAL, CREMATION, BEMOVAL (Specify):	DATE THEREOF N	VAME OF CEMETERY	71	LOCATION (CIL		inty) (State)
DATE REC'D BY LOCAL	REGISTRAR'S SIGNAT	erene,	24. FUNERAL DIRECT	Sons o	Hyelle	relle, my

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

LEB 3 1826

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	. Th	945 CERTIFICATE OF DEATH Reg. Dist.	No. 141
- 1	y.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
The same of the sa	information carefully clearly and legibly.	COUNTY PRINCE GEORGES MARYLAND CITY (If outside corporate limits, white RURAL LENGTH OF STAY (in this place) TOWN RUREPARE HOSPITAL OR INSTITUTION OR STREET ADDRESS TOWN RUREPARE HOSPITAL OR (If rural give location) TOWN STREET ADDRESS TOWN STREET ADDRESS TOWN STREET ADDRESS TOWN STREET ADDRESS TOWN STREET (If rural give location) ADDRESS	
-	m of death	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (De DECEASED: (Type or Print) NEODORE CRECORY School Print) PODORE CRECORY School Print) PODORE PROPERTY PRINTED. S. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH! 9. AGE last birthday If under 1 ye. Months Day of Decease Prints Day of Day of Decease Prints Day of D	1956 AR IF UNDER 24 HRS.
6	every	(Specify): 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. C work done during most of working life. OR INDUSTRY:	
	Supply rite the	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: 15. WAS DECEASED EVER IN U.S. ARMEO FORCEST 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates)	
FOR	INK se w	1/ Yes of service) 1920-1921 Unknown Wife-Same	
RESERVED	TH UNFADING Physicians: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 22 4X IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B)	INTERVAL BETWEEN ONSET AND DEATH
ii	WITH it. Phy	STATING UNDERLYING CAUSE LAST.	
MARGIN	, g	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
		19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	est	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (County of INJURY OCCUR?)) (State)
	×	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
— 10 - 53	E TYPE OF	22. I hereby certify that I attended the deceased from Jan 5., 1956, to Jan 3, 1956, that I last salive on Jan 3.6., 1956, and that death occurred at 5. M, from the causes and on the date st ADDRESS DATE M.D. 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF GREMATORY LOCATION (City, town, or continuous)	tated above. signed
ro Or	A S	REMOVAL (CRECIPY)	

DECEDAED

BUREAU V. S.

VS. A15-10-53

		•			
MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

946 CERTIFICATE OF DEATH

E, 18 00951

	CERTIFICATE	Reg. Dist. No.
. Y.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
20	COUNTY PRINCE GARGE'S MARYLAND	STATE Maryland COUNTY Prince George.
יב	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY)	CITY(If outside corporate limits, write RURAL and give nearest town)
7	OR and give nearest town) (in this place)	OR / //
2	Cheoricia Lia	TOWN Ayattsoille 15
cally	HOSPITAL OR INSTITUTION OR PRINCE GEO GEN. HOSP	ADDRESS 4205- Kennedy Street
5		Last) 4. DATE (Month) (Day) (Year)
=	DECEASED:	OF / A
N N	(Type or Print) MARU. Dehon	
3	RACE: WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
5		Jug. 905 50 yrs. Months Days Hours Min.
canses	10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired formsturfe own Home	Penn. (State or foreign country): 12. CITIZEN OF WHAT
y u	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
n an	Phillip Kindler	margaret ?
2	18. WAS DECEASED EVER IN U.S. ARMED FORCES: (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
Ou	of service W	Charles & schonweller Hellentle Mi
20	18. MEDICAL CERTIFICATI	INTERVAL BETWEEN
bit	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	157X	
20	IMMEDIATE CAUSE CAMP CONTINO	na paneria 5745
INI	ANTECEDENT CAUSE (S)	100
SIC		in lance Pil
n'y	GIVING RISE TO THE ABOVE CAUSE DUE TO	1010431.0
4	STATING UNDERLYING CAUSE LAST.	
ů.	(C)	
N N	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	17 . 11 600
70	DISEASE OR CONDITION CAUSING DEATH.	ulstory arthrop
du	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7	1 3/07/55-15-56 Karge mars hea	of paneres. Biopered YES NO
ecial	218. ACCIDENT WAS UNDERLYING TO 218. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
dsa	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?
202	M. at work L at work L	1 - ~
96	22. I hereby certify that I attended the deceased from All.	20
noe	alive on, 1956, and that death occurred at	M, from the causes and on the date stated above. ADDRESS DATE SIGNED
LL	Man of all Marketell M.	0. 1746 / St 71 41 Was A 1-5-56
00		RY OR CREMATORY LOCATION (City, town, or county) / (State)
	Burnal (SPECIFY) Jan 11. 19 16 It Lincoln	Cemetery Colman monoy, ma
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	
	REGISTRAR 56 Minanda D Kurly	Thasehe some Hyaltarile mid

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BUREAU V. S.

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BUREAU V. S.

LEB 2 1926
DECEINED

947		00953
MARYLAND STATE DEPARTMENT OF H	EALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CERT	TIFICATE OF DEATH	No. X 3 /
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY James Sences MARYLAND	STATE My COUNTY Come	Seorges
CITY (If outside corporate limits write RURAL OR and give tearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Can't al Heralto	(give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS PRANCE GENCES GM. HOSE	STREET ADDRESS 403- 47 in wenn	-
NAME OF DECEASED: (Type or Print) Long Faward Sea	(Last) 4. DATE (Month) (Day) OF DEATH 1 1 7	
SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married 1//1.	OF GIRTH: 9. AGE last birthday: IF UNDER 1 YI Months Da	EAR IF UNDER 24 HRS. ys Hours Min.
a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
Father's NAME: Chron of G. Seins	14. MOTHER'S MAIDEN NAME:	
5. WAS DECEASED EVER IN U.S. ARMED ORCES 7 Yes, no, or unk.) (If Yes, give war or dates of service) (In Manual Color of Service) (In	7. INFORMANT & ADDRESS: 1511-5a	sh.De
	L CERTIFICATION	INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a)	stive heart failure	ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, (h) Carchiovascula	an renal disease	
giving rise to the above cause DUE TO stating underlying cause last (c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
e. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \(\subseteq \text{No } \subseteq \text{.}
a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., etc., INJURY	21c. (City or town) (County)	(State)
d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work 1 at work 1	21f. HOW DID INJURY OCCUR?	
2. I hereby certify that I took charge of the remains describe find that death resulted from: Natural causes , Accidentature		mined cause

Am D. Malo	ney (Hattrill	mdl	Y MEDICAL EXAMINER ANT MEDICAL EXAM.	B -	17-50
BURIAL, CREMATION, REMOVAL (Specify):	1 279		 LOCATION (City, town,		

REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL

W. W. Champ

DECEDAED NAC

BUREAU V. S.

ING INK. Supply every item of information carefully. The

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	WITH
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	WRITE
	OR
	TYPE
	LEASE

VS. A15-10-53

0.40	NT OF HEALTH—BALTIMORE, 18 ()()954
CERTIFICAT	E OF DEATH Reg. Dist. No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY France Georges MARYLAND	STATE Mary/antounty Prena Jone
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY (If outside copporate limits, write RURAL and give nearest tow
38 TOWN (in this place)	TOWN University Park, Ind
HOSPITAL OR INSTITUTION OR STREET ADDRESS Puna Jergal Jan, High	STREET (If rural rive location) ADDRESS 6713-40 The Prenue
3. NAME OF DECEASED: (Type or Print) W.	(Last) A. DATE (Month) (Day) (Year) OF DEATH: 1950
6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married May	Months Days Hours Min
OA. USUAL OCCUPATION (Give kind of Nork done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA
evelichserewife Own home	Maryland U.S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Lewis Williams Sr.	Margaret Schlick
(Yes, no or unk.) (If Yes, give war or dates of service) 15. Social Security No. Unk.	17. INFORMANT & ADDRESS: Leslie A. Smith Husband Same as # 2
IMMEDIATE CAUSE ANTECEDENT CAUSE (5) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	shot sarebust (sol)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	20. AUTOPSYT
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)	" etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURREI OF INJURY While Not while	D 21F. HOW DID INJURY OCCUR?
M. at work at work	1 3-1 10
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMET	M. D. DATE SIGNED ALL D.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 50 Minarda Diwrey	24. FUNERAL DIRECTOR Hyattsville, Maryfand



DECEIVED DESC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. 00955
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 245
I. PLACE OF DEATH: COUNTY CITY (Nontside corporate limits, write RURAL OR and give nearest town) I. PLACE OF DEATH: MARYLAND STATE COUNTY CITY (If outside corporate limits write RURAL and OR TOWN) CITY (If outside corporate limits write RURAL and OR TOWN)	Ove nearest town)
HOSPITAL OR INSTITUTION OR 45-14-Rhode Island G. STREET ADDRESS 45-14 Thode Island	nd ave.
3. NAME OF DECEASED: (Middle) Smith (Last) 4. DATE (Month) (Day OF DEATH 1 - 25	(Year)
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED, DIVORCED, (Specify): WIDOWED, DIVORCED, (Specify): Work done during most of work, life, Divorced by the country of work, life, WDUSTRY: 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12.	Hours Min. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	u.s.a.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY No.: 13 INFORMANT & ADDRESS: 16. SOCIAL SECURITY No.: 25 INFORMANT & ADDRESS: 25 INFORMA	mlley md
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) Proposed Leading and congestion Due to	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause Stating underlying cause last One of the state of	
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No []
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., etc., INJURY CAUSE OF DEATH. COUNTRIBUTING OF street, office bldg., etc.,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While at work 21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy J. Inspection find that death resulted from: Natural causes J. Accident J., Suicide J., Homicide J., Undeter SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY DEPUT	mined cause DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 1/29/16 Mrs as Surere United Marketing & Washington Son 167	ADDRESS Not. M.W.

BUREAU V. S.

FEB 2 1956

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. The	950 MARYLAND STATE DEPARTMEN Item 9, FilmG191 1-19-56 CERTIFICATI	T OF HEALTH—BALTIMORE, 18 00956 C OF DEATH Reg. Dist. No. 23/
information carefully.	1. PLACE OF DEATH: COUNTY LINE DEATH COUNTY LINE DEATH COUNTY LINE DEATH MARYLAND CITY (If outside corporate limits, write RURAL OR and give hearest town) TOWN HOSPITAL OR INSTITUTION OR TINSTITUTION	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Many/andounty Janes Grant County CITY(If outside corporate limits, write RURAL and give negrest town) OR TOWN STREET (If ryral give location) ADDRESS C. S. G. F. F.
item of of death	DECEASED: (Type or Print) KATHERINE 5. SEX: 6: COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): 4. Color of the	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: OF BIRTH: 9. AGE last birthday Funder 1 year Hours Min.
IK. Supply every write the causes	10A. USUAL OCCUPATION (Give kind of work of done during most of working life, even if retired): 13. FATHER'S NAME: 15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service)	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME: 17. INFORMANT & ADDRESS! 17. INFORMANT & ADDRESS!
PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING IN correct age is especially important. Physicians: please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH #20.0 IMMEDIATE CAUSE ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	occleratie Heart Diese 5 months
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	Ker-adoms Syndrone 1 neek. 20. AUTOPSY? YES NO DE
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	etc. INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 1.19.5, to Jan. 14, 192.5, that I last saw the deceased 2.40 M, from the causes and on the date stated above. ADDRESS DATE SIGNED ADDRESS DATE SIGNED LOCATION (City, yown, or county) (State)
	1914/36 Cananda Douring	



3261 71 NAI



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 001

332	Reg. Dist.	140.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Prince Georges MARYLAND	STATE D. C. COUN	ry -
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and OR Washington	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS, Glenn Dale Hospital	STREET (If rural give location) 752 12th St., S. E.	12.5
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day	(Year)
DECEASED: (Type or Print) WILLIAM	PENCER DEATH: 1 3-0	0 1956
RACE: WIDOWED, DIVORCED, (Specify): Single	of Birth: 9. AGE last birthday: If UNDER I YE TO OF Months Da Approx., 67 yrs., of	ys Hours Min.
10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OF work done during most of working life. INDUSTRY:	R II. BIRTHPLACE (State or foreign country): 12.	ITIZEN OF WHAT
even if retired): Laborer Coal Yard	Darlington, W. Virginia	JSA
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William Spencer	Betty Spencer	
15 WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17.	INFORMANT & ADDRESS:	
Yes, no, or unk.) (If Yes, give war or dates of service) 578-38-9866	Decedent	
18. MEDICAL CERTIFICATI		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between
OD 2X	THEFORMASIS	
Immediate cause (a) YULWOUARY	TUBERCULOSIS.	2 MONTHS
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last. DUE TO		
otating the mideriting court ison.		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No P
RI. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY Mork At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec	1955 to AN, 26 1956, that I last	saw the deceased
alive on AN 3 Co 10 ECo and that doth assumed at A	'IO D M Something and on the date of	tated shove
alive on AN	Dale Hosp ADDRESS 1/26/56 DA	TE SIGNED
Hand Lep Lineage MD, Glenn	Dale Md	
23. BURIAL, CHEMATION, DATE THEREOF NAME OF CEMETER	Dale, Md. RY OR CREMATORY LOCATION (City) town, or got Washing S	(State)
DATE RECT BY LOCAL REGISTRANS SIGNATURE REGISTRAN	24. FUNERAL DIRECTOR	ADDRESS
1126 156 1 west weem	me/ 4141	StixT



LEB 3 1956

OBALED TO

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	(kQ518st.
MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH	No. 231
I. PLACE OF PEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	10.5 5 5
COUNTY MICE SCORED MARYLAND	STATE WO COUNTY /7-	8
CITY (If outside corporate limits, write ABRAL LENGTH OF STAY OR and give nearest town) TOWN LENGTH OF STAY On this place)	CITY (If outside corporate limits write RURAL and OR TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Puncle September Septemb	STREET (It rural, give location)	1
3. NAME OF DECEASED: (First) (Mid46) (Type or Print) Walter Hilliam S	(Last) 4. DATE (Month) (Day OF DEATH /— 2—	(Year)
	OF BIRTH: 9. AGE last birthday: IF UNDER IN Months Di	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	DR 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MADEN NAME:	
Frank Sprague	Louise -	
15. WAS DECEASED EVER IN U.S. ARMS FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)	Seo W. M Kenny - Wash,	Um live 42.
	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	-1 / 1/1	ONSET AND DEATH
Immediate cause (a) Crew Co	ngeshore Mars farline	
Antecedent cause(s)		
	an remail descent and	
Diseases or conditions, if any, (b)	an una disease and	
giving rise to the above cause DUE TO stating underlying cause last (c) Chrome end	lo cardito.	
glving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	lo cardito.	
glving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	lo cordito.	20. AUTOPSY?
giving rise to the above cause DUB TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., et		
giving rise to the above cause DUB TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., et CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	21f. HOW DID INJURY OCCUR?	Yes No
glving rise to the above cause DUB TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., et CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF While at Not while INJURY 22. I hereby certify that I took charge of the remains descr	ibed above, held an Autopsy . Inspection .	Yes No No (State) Inquiry , and
giving rise to the above cause DUB TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., et INJURY 21d. TIME (Month) (Day) (Year) (Hour) OF UNITED While at Not while Work at work 22. I hereby certify that I took charge of the remains described that death resulted from: Natural causes According to the control of t	ibed above, held an Autopsy , Inspection ident , Suicide , Homicide , Undeter	Yes No No (State) Inquiry N, and rmined cause
glving rise to the above cause DUB TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., et CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF While at Not while INJURY 22. I hereby certify that I took charge of the remains descr	ibed above, held an Autopsy . Inspection .	Yes No No (State) (State) Inquiry , and rmined cause . DATE SIGNED
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giving rise to the above cause but to stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., et CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bldg., et INJURY 21d. Time (Month) (Day) (Year) (Hour) OF While at Not while work at w	ibed above, held an Autopsy , Inspection ident , Suicide , Homicide , Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. ERV OR CREMATORY LOCATION City, town or compared to the compared t	Yes No No (State) Inquiry 7, and rmined cause 1. DATE SIGNED Ounty (State) ADDRESS
giving rise to the above cause but to stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg., et INJURY 21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bldg., et INJURY 21d. TIME (Month) (Day) (Year) (Hour) While at Not while work at work at work at work at work. 22. I hereby certify that I took charge of the remains described that death resulted from: Natural causes A. Accessionature 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify):	ibed above, held an Autopsy , Inspection defent , Suicide , Homicide , Undeter , Undeter , ERY OR CREMATORY LOCATION (City, town or co	Yes No No (State) (State) Inquiry 7, and rmined cause 1. DATE SIGNED 1-2-56. Ounty) (State)



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Red 0.9.59
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	H No. 737
I. PLACE OF DEATH: (2. USUAL RESIDENCE (HOME) OF DESEASED	
COUNTY True GEOGNARYLAND STATISTIC COUNTY THE	
CITY (If outside corporate limits, Trite RURAL LENGTH OF STAY OR and give nearest town) TOWN TOWN LENGTH OF STAY OR TOWN LENGTH OR TOWN LENG	Choro x
HOSPITAL OR INSTITUTION OR STREET ADDRESS OLD MILL POOL STREET ADDRESS OLD MILL STREET ADDRESS OLD MIL	jon)
3. NAME OF DECEASED: (Middle) (Lagt) 4. DATE OF DECEASED: (Type or Print) New Lewert DEATH	(Day) (Year) 30 1956
Famel (RACE: WIROWED, DIVORCED, (Sports orrect) 55 Jyrs. Month	ER I YEAR IF UNDER 24 HRS. B Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b KIND OF BUSINESS OR Work done during most of work life, INDUSTRY):	12. CITIZEN OF WHAT
13. FATHER'S NAME:	
15. W.S.DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service)	some all dre:
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
Immediate cause (a) DUE TO	wil
Antecedent cause(s) Dieses or conditions if any (b) Bronchophneumann	
giving rise to the above cause DUE TO	
stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ No □
21a. EXTERNAL CAUSE WAS PRIMARY OF Street, office bldg., etc., INJURY 21b. PLACE (Home, farm, factory, office bldg., etc., INJURY) OF Street, office bldg., etc., INJURY	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While at Not while 1NJURY OCCUR?	/ /-
22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Und	
CHIEF MEDICAL EXAMINER	DATE SIGNED
M. D. ASSISTANT MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	B 1-30-58
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, REMOVAL Dispetty): Feb 2 1916 St Maryo Cemela upper march	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR William 43	3 9 Hand J.
	inglow DC. 1.E.

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WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore 993

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY COUNTY PRINCE GEOFGE 1ARYWAND RINCE CLEORGES MARYLAND CITY (If outside corporate limits, write RURAL and 1 LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) (in this place) CHINTON TOWN 354RS HOSPITAL OR STREET (If rural, give location) INSTITUTION OR STREET ADDRESS ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED LEE DEATH JANUARY ROSA TAYMAN 20 (Type or Priot) 1956 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. Months | Days Hours | Min. FEMALE WHITE (Specify) WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY COUNTRY ALVERT CO. - HARM 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CRANFORD 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, og unknown) | (If yes, give war or dates of NONE AUGHTER-MABEL mervice) INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH CEREBRAL HEMORRHAG Immediate cause Antecedent cause(s) ISCHEMIA WITH PROBABLE INFARETION MYOCARDIAL Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions cootributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No PLACE (Home, farm, factory, street, 21. ACCIDENT (CITY OR TOWN) (Specify) (COUNTY) (STATE) office bldg., etc.) SUICIDE INJURY HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While NON At work 1956, to TAN. 20, 1956 that I last saw the deceased 22. I hereby certify that I attended the deceased from TAN. .56, and that death occurred at .6 A.m., from the causes and on the date stated above. (Degree or title) Woodward RD 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) 56 Trinity Cemetery Upper Marlboro. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR RITCHIE Bro ADATE REC'D BY LOCAL Marlboro,

Bros.



Lyattarlle, Me

REG. 23, 190

993		00001
MARYLAND STATE DEPARTMENT OF H	EALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CERT		No. 343
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (
COUNTY Trence Glorges MARYLAND	STATE Marylangothty Prin	el Jeorga
OR and give nearest town COWN LENGTH OF STAY	CITY (If outside corporate limits write RURAL and OR TOWN	give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 90 8-7 Street	ADDRESS 6908 7 The	et !
3. NAME OF DECEASED: (Typo or Print) (First) (Middle) Jeste	(Last) 4. DATE (Month) (Day OF DEATH / 2	(Year) 19 5 Z
male white WIDOWED, DIVORCED, June	e 25, 1911 44 yrs. Months Di	YEAR IF UNDER 24 HRS. Bys Hours Min.
10a. USUAL OCCUPATION (Give kind of poork done quiling most of work life, even it retied):		COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
15 WAS DECRASED EVER IN IT'S ARMED FORCES? I'VE COMMENT	tarding trook	Plant 17
(Yes, no, or unk.) (If Yes, give war or dates of	7. INFORMANT & ADDRESS: 424 Ju	on sheet
1001	sulus testerman, marie	n, Va
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	the markets	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) DUE TO	A	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO	clerosio	
stating underlying cause last (c) Cardiolas	eulov renal dese	eco"
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No 🗆
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg., etc., INJURY	21c. (City or town) (County)	(State)
21d. TlME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF Mhile at Not while INJURY M. work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describe find that death resulted from: Natural causes (I), Accide SIGNATURE		Inquiry , and rmined cause DATE SIGNED
23. BURIAL CREMATION, DATE THEREOF HAME OF CENTRAL ENCOUNTY: 1/23/56 Barnette &	OR CREMATORY LOCATION (City, town, or ex	ounty) (State)



MARYLAND STATE DEPARTMENT OF HEALTH

995

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

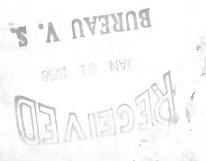
Reg. Dist. No. 243

CERTIFICATI	E OF BEILLII Reg. Dist. F	VO/
1. PLACE OF DEATH COUNTY COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this pict) (in this pict)	OR TOWN THE CHEET OF THE TOWN	rive nearly town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location)	1
3. NAME OF (First) (Middle) DECEASED (Type or Print) OZEAL SILES	(Last) 4. DATE (Month) OF DEATH QAN	(Day) (Year) 23 1957
6. SOLOR OR FACE 7. SINGLE, MARRIED, WIDOWED DIVORGED, (SPECIAL COLOR OF CO	8. DATE OF BIRTH 9. AGE last Mehday If und Month	er I year If under 24 hr. Hours Min.
104. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 105. Kind of Business or Industry	gaden- nd	I2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Margaret E. John	duell
15. WAS DECEASED EVER IN U.S. ARMAD FORCES? (Yes, no, or unknown) (If yes, give was relates of acryice)	Dairy Dextras (0)	oughter)
18. MEDICAL CE	RETIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Hernonkuse	ONSET AND DEATH
442 Immediate cause (a) Cerebral	members a 42	1000
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	recolor Revel Pine	· 2 gry
stating the underlying cause inst	y America	2 month
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.	e clerosis	1070
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNT	Yes No Y
SUICIDE HOMICIDE OF office bidg., etc.) how	(CITT ON TOWN) (COUNT	1) (611112)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not Whilo INJURY m. INJURY	HOW DID INJURY OCCUR?	
	4 . St. Van 23 66	
0. 11 17.	4, 1936, to 195, that I last	
alive on 1956, and that death occurred at	ADDRESS irom the causes and on the date s	stated above.
Course & Acrasca War-	Who - War Chan - med-	1-13-67
BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	YOR CREMATORY LOCATION (City, town, or cou	inty)/ (State)
(Burnal (stee ity) Jan 26, 19 6 washington	National sutland, M	id,
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/25/50 mis very maling	1) Tusche some valuer	ue, my

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	N

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No.	Little Line
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY COUNTY CON MARYLAND	STATE Md COUNTY Prince See	ces
CITY (11 outside corporate linits, write BURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and live near	est town)
OR and give parest town) (in this place)	TOWN Cantal Hughts	36
HOSPITAL OR OINSTITUTION OR O	STREET (If rural, give location)	1
19street Address me Sences 2 1. Josp	308-50 th live.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year OF	r)
(Type or Print) William (dwasd	homas, DEATH - 19	
RACE: WIDOWED, DIVORCED,	E OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UN Months Days Hour	
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O	R I1. BIRTHPLACE (State or foreign country): 12. CITIZEN	OF WHAT
work done during most of work life, even if retired):	COUNTR	7
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	-
William Thomas	Josephine Rose	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. AFORMANT & ADDRESS:	
service)	Will - Same address.	
18. MEDIC	AL CERTIFICATION	L BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	Overm	ND DEATH
Immediate cause (a) ficulty cons	restive heart failure	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, (b)	ular renal disease	
giving rise to the above cause DUE TO		
stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. ATT	TOPSY?
O		□ No DC
PRIMARY Or CONTRIBUTING OF street, office bldg., etc CAUSE OF DEATH.		ie)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri		
find that death resulted from: Natural causes Acci		cause [].
SIGNATURE CALL IN THE SILVER	DEPUTY MEDICAL EXAMINER	SIGNED
2. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER		(State)
REMOVAL (Specify): 1-16-56 Ond O	+ Cometony Washington, 20. 8	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Carlo San	DRESS
REG /13/56 Climanda Dourney	W.W. Chambers 60. Washingto	3.4.6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

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Supply every item of information carefully. The

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2077386400 VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

DATE REC'D BY LOCAL

CERTIFICATE	E OF DEATH Reg. Dist. No. 23/
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY PriNCE GEORGES MARYLAND	STATE Md. COUNTY TriNGO GEORGES
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town
OR and give nearest town) (in this place)	OR TOWN Lawrel
HOSPITAL OR INSTITUTION OR THINKS STREET ADDRESS THINKS STREET ADDRESS THINKS	ADDRESS Spruce Street - Oak Crest
DECEASED:	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: 24 1956
RACE: WIDOWED, BIVORCED. (Specify): Single 1-23	yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Herbert Thompson	Ellen Reeley
(Yes, no, or unk.) (If Yes, give war or dates of service)	Statistic Cord (Mothers')
18. MEDICAL CERTIFICATI	ION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
7/.15	Tremeterites 8 hours
IMMEDIATE CAUSE (A)	Cours of the man
ANTECEDENT CAUSE (S)	D +.+
DISEASES OR CONDITIONS, IF ANY, (B)	(Tremelunky
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	AUTOROVA
	20. AUTOPSY? YES NO
21A. ACCIOENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	
alive on 1-24 . 1956, and that death occurred at	3., 1956, to 124, 1956, that I last saw the deceased 3: nPM, from the causes and on the date stated above. ADDRESS D. 5301 Hamilton St. Hamilton St.
	ERY OR CREMATORY LOCATION (City, town, or county) Style

DECEIVED 329 1956

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Re	ø.	Dist.	No.	24	5
200	See .	LIDU.	740.		page 1

HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital 3. NAME OF (First) (Middle) DECEASED: (Type or Print) Horace Marshall 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, MIDOWED, DIVORCED, DIVORCED, MOV 10A. USUAL OCCUPATION (Give kind of Specify) Married Nov 10A. USUAL OCCUPATION (Give kind of Specify) Married OR INDUSTRY: 10A. USUAL OCCUPATION (Give kind of Specify) Married OR INDUSTRY: 10A. USUAL OCCUPATION (Give kind of Specify) Self 11A. FATHER'S NAME: 12B. MAR DECEASED EVER IN U.S. ARMEO FORCEST (Yes, no, or unk.) (If Yes, kive war or dates of service) 12B. MAR DECEASED EVER IN U.S. ARMEO FORCEST (Yes, no, or unk.) (If Yes, kive war or dates of service) 13B. MEDICAL CERTIFICATION OF SERVICES (A) Chronical Company of the	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va COUNTY CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Lignum STREET (If rural give location) ADDRESS Rural
OR and give nearest town) Riverdale, Md. Il days HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital 3. NAME OF DECEASED: (Middle) GENERAL SEX: 6. COLOR OR 7. SINGLE, MARRIED. S. DAY MARIE White Specify) Married NOV 10A. USUAL OCCUPATION (Give kind of working life. Seven if retired): Farmer 13. FATHER'S NAME: Thomas Toombs 13. FATHER'S NAME: Thomas Toombs 15. WAR DECEASED EVER IN U.S. ARMEO FORCEST (Yes, no, or unk.) (If Yes, kive war or dates) of service) 16. MEDICAL CERTIFICATION OF TOOMS 17. SINGLE, MARRIED. NOV 18. WIDOWED. DIVORCED. NOV 19. SPECIAL SECURITY NO. (Yes, no, or unk.) (If Yes, kive war or dates) of service) 18. MEDICAL CERTIFICATION OF TOOMS 18. MEDICAL CER	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Lignum STREET ADDRESS (If rural give location)
OR and give nearest town) Riverdale, Md. Il days HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital 3. NAME OF DECEASED: (Middle) GENERAL SEX: 6. COLOR OR 7. SINGLE, MARRIED. S. DAY MARIE White Specify) Married NOV 10A. USUAL OCCUPATION (Give kind of working life. Seven if retired): Farmer 13. FATHER'S NAME: Thomas Toombs 13. FATHER'S NAME: Thomas Toombs 15. WAR DECEASED EVER IN U.S. ARMEO FORCEST (Yes, no, or unk.) (If Yes, kive war or dates) of service) 16. MEDICAL CERTIFICATION OF TOOMS 17. SINGLE, MARRIED. NOV 18. WIDOWED. DIVORCED. NOV 19. SPECIAL SECURITY NO. (Yes, no, or unk.) (If Yes, kive war or dates) of service) 18. MEDICAL CERTIFICATION OF TOOMS 18. MEDICAL CER	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Lignum STREET ADDRESS (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital 3. NAME OF (First) (Middle) DECEASED: (Type or Print) Horace Marshall 5. SEX: [6. COLOR OR 7. SINGLE, MARRIED, B. DA WIDOWED, DIVORCED. NOV (Specify) Married NOV (Specify)	STREET (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital 3. NAME OF (First) (Middle) DECEASED: (Type or Print) Horace Marshall 5. SEX: [6. COLOR OR 7. SINGLE, MARRIED, B. DA WIDOWED, DIVORCED. NOV (Specify) Married NOV (Specify)	STREET (If rural give location) ADDRESS
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3 (C)	리마상 내용되는 하는 마스 및 소스트 그림을 보냈다.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
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	YES NO TO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bl	actory. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUR! While Not while at work at work	ED 21F. HOW DID INJURY OCCUR?
	an. 17 1956, to Jan. 28 19 56 that I last saw the deceased
SIGNATURE SIGNATURE	at 7:40AM, from the causes and on the date stated above. ADDRESS DATE SIGNED
23 BURIAL, CREMATION DATE THEREOF NAME OF CEM	M. D. CREMATORY LOCATION (City, towner or country) / (State)
Burial (SPECIFY) Jan 31, 1906 Deorge	ETERY OR CREMATERY LOCATION (City, toxog or county) / (State)

PLAINLY, OR WRITE TYPE PLEASE

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Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

EXAMINER'S

I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY MMEL MARYLAND COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town OR and give nearest town) (in this place) TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OF ADDRESS STREET ADDRESS (Last) 4. DATE (Month) (Day) (Year) DECEASED: OF (Type or Print) DEATH 19 MARRIED 8. DATE OF BIRTH: 6. COLOR QR 7. SINGLE, 9. AGE last birthday: IF UNDER 1 YEAR | IF UNDER 24 HRS. WIDOWED, DIVORCED, (Specify): Waclow: 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of /11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF work done during most of work life, INDUSTRY: even if retired): 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: 15. WAS DECEASED EVER IN U.S. ARMED FORCES ? I6. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH

Immediate cause Antecedent cause(s) Diseases or conditions, if any,

giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

(b) 1. 1. G.C

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, street; office bldg., etc., INJURY 2Id. TIME (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED Not while INJURY 12-27-55 work at work A

SIGNATURE NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION.

22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes | Accident | Suicide | Homicide | Undetermined cause |

21f. HOW DID INJURY OCCUR?

21c. Gity or town

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.

LOCATION (City, town, or county)

20. AUTOPSY? Yes | No M

DATE SIGNED

ADDRESS

(State)

Burial DATE REC'D BY LOCAL

REMOVAL (Specify) :

REGISTRAR'S SIGNATURE

1956

Oak Hill

Cemeterv Washington, 24. FUNERAL DIRECTOR 756 Penna Ave

Washington D (

(County)

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BUREAU V. E.

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VS. A15A - 5 - 53

956 Items 11.12 Film G192 2-15-56 et MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. 0.0967
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 23/
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY COUNTY ON STATE MO COUNTY On Selection	9
CITY (If outside corporate links, write RURAL OR and girls learest town (in this face) TOWN CITY (If outside corporate limits write RURAL on this face) TOWN TOWN TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Price George Cen. Hosp. STREET ADDRESS 3735-TR. 9-400	1
3. NAME OF DECEASED: (First) (Migdle) (Last) 4. DATE (Month) (Day OF DEATH / 7	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1. Months Divorced, WIDOWED, DIVORCED, Months Divorce	TEAR IF UNDER 24 HRS. Bays Hours Min.
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR 11. BETHPLACE (State or foreign country): 12. work done during most of work life, INDUSTRY:	CITIZEN OF WHAT
13. FATHER'S NAME:	J. S. A.
Francis X. Triebler Barbara Sugar.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS:	
18. MEDICAL CERTIFICATION	
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Discoses or conditions if any (b) Shock Sungareal)	
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stating underlying cause last (c) Open voluction of hacture of mele of fine	wr-
TO THE DEATH BUT NOT RELATED TO THE CINTERS Clerotic hart disease	
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21a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING OF street office bldg., etc., INJURY CAUSE OF DEATH. (County)	(State)
CAUSE OF DEATH. INJURY OCCURRED 216. INJURY OCCURRED 217. HOW DID INJURY OCCURRED While at Not while	77.0
INJURY - 1-36 - (M. work at work & supple of fell m. has no	om
22. I hereby certify that I took charge of the remains described above ∫held an Autopsy □, Inspection ☒ find that death resulted from: Natural causes ☒, Accident □, Suicide □, Homicide □, Undeter	Inquiry , and mined cause .
SIGNATURE CHIEF MEDICAL EXAMINER	DATE SIGNED
Malgrey (Hyattsville, M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	1-27-56
23. BURIAL, CREATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or expenditual (Specify): 31-36 M/, OLIVET WASH	ounty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 56 Cond. da Docone, 24 FUNERAL DIRECTOR Junion 3830	La on H
	DC

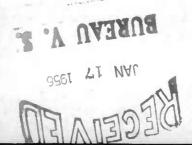
BUREAU V. S.

BECEINED

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1	Item 7: film Epg 1-22:56 CERTIFICATE OF DEATH Reg. Dist. No. 25
ly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
legibly	COUNTY Punce Gerger MARYLAND STATE Marylandeounty Punce Gerger
death clearly and le	CITY (If outside corporate limits, write RURAL of STAY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) OR TOWN OR TOWN OR TOWN
	HOSPITAL OR INSTITUTION OR Pune Jerry January January STREET ADDRESS 507 - 62 = Place -
	3. NAME OF DECEASED: (Middle) (Last) 4. DATE (Month) (Day) (Year) OF DEATH: (Type or Print) 1956
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causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
the	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:
e write	15. WAS DECEASED EVER N U.S. ARMED FORCEST 16. SOCIAL SECURITY ND. 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (11/Yes, give war or dates) of service) Latistic Cord
please	18. MEDICAL CERTIFICATION INTERVAL SETWEEN
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ciar	ANTECEDENT CAUSE (S)
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ıt.	(C)
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
npc	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20, AUTOPSY?
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especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR? (State)
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work
age	22. I hereby certify that I attended the deceased from 19,, to
	alive on, 19, and that death occurred at // = /M, from the causes and on the date stated above.
correct	Atrana Warren. M.D. 1-13-56
00	23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) 1-16-56 NOCOL HUN CEME. WASHINGTON DC
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 56 Company 24 FUNERAL DIRECTOR 1213 ADDRESS 45 50 Company 1213 45 50.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS. A15 -- 10 - 53

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	00976
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Reg.	Dist	No.	24	5
ACCE.	Diat.	TAO.	100	e and.

9°1 CERTIFICATE	E OF DEATH Reg. Dist.	No. 245
COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED: (Type or Print) 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. (Specify): Wildows OR INDUSTRY: even if retired): Family (Specify): Wildows OR INDUSTRY: 13. FATHER'S NAME: Walter S. Williamwarth	2. USUAL RESIDENCE (HOME) OF DECEASED STATE MALLIAND COUNTY MAN CITY(If outside contrate limits, write RURAL ar OR TOWN STREET ADDRESS 14. DATE (Month) (D OF DEATH: OF DEATH: OF DEATH: OF STREET ADDRESS 11. BIRTHPLACE (State or foreign country): 12. (C) 14. MATHER'S MAIDEN NAME: ADDRESS 14. MATHER'S MAIDEN NAME: ADDRESS 15. USUAL MATHER'S MAIDEN NAME: ADDRESS 16. DECEASED 17. WATHER'S MAIDEN NAME: ADDRESS 17. DECEASED 18. MATHER'S MAIDEN NAME: ADDRESS 18. MATHER'S MAIDEN NAME: ADDRESS 19. AGE last birthey IF UNDER IVE Months Day Months	ay (Year) 1956 ARR JF UNDER 24 HRS. HOUTS Min.
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II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor Contributing Cause of Death (IF either, notify medical examiner)	cory. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	YES NO NO (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work 22. I hereby certify that I attended the deceased from	72. AM, from the causes and on the date s	
1. John Jane High	D. Sivin ffing, Mid. Japeny or CREMATORY LOCATION (City, Jown, or Lill Com Oaklow) 24. FUNERAL DIRECTOR S. H. Jines Co. 2901 142	ADDRESS



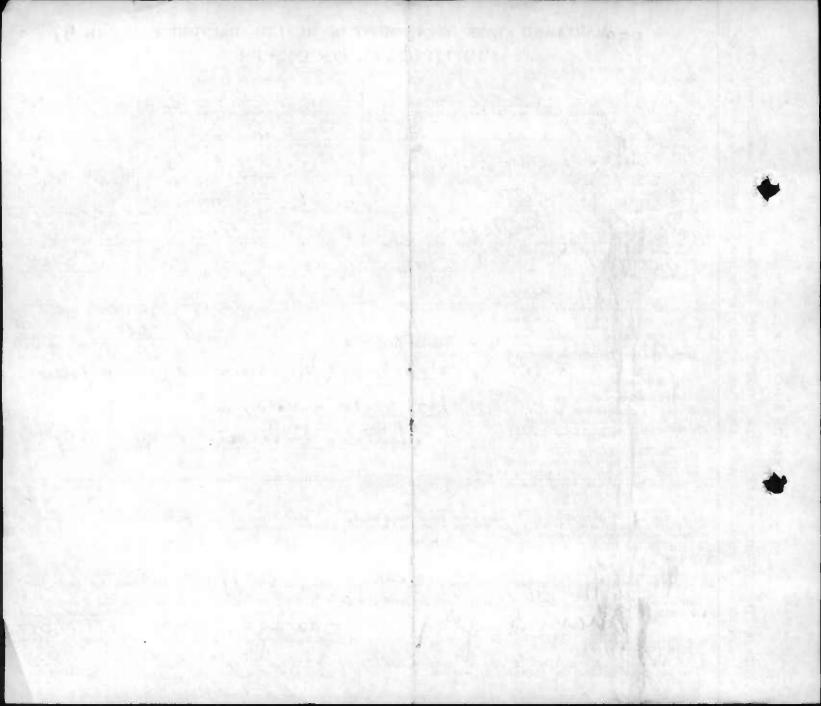
Maria Conference Services

13	CERTIFICATI	COLDEATH Reg. Dist.	. No.
oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D: /
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l le	OR and price nearest town) CITY (11 outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITYIIf outside corporate limits, write RURAL a	
and	4/TOWN aurel	TOWN Jaurel	441
	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	17
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r d	5. SEX: 6. COLOR OR 7. SINGLE MARRIED. 8. DATE WIDOWED, DIORCED.	OF BIRTH: 9. AGE last birthday IF UNDER I V	Bays Hours Min.
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Ca/	protectice, Wit. Jamely	Unnaralis ICP. md.	U. Silv
the	13. FATHER'S NAME	14 MOTHER'S MAJOEN NAME	
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write	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	Jus, Aunnie	garer!
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lea	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
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odı	DISEASE OR CONDITION CAUSING DEATH	N	- AUTORGVA
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lly	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact	tory, 21c. WHERE DID (City or town) (Count	ty) (State)
especially	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?	(50000)
dsa	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
07	OF INJURY M. While at work at work	1 646	
es e	22. I hereby ertify that I attended the deceased from	195 to 10, 195 a that I last	saw the deceased
8	alive on laucit, 1956 and that death occurred at	134 M, from the causes and on the date	state above
et	SIGNATURE ON A ON ON ON ON	ADDRESS	TE SIGNED
orr		. D. Javage, view	171756
Ö	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or	(State)
	Survey Jan 20,1956 aspur	Clay. Haward	boots.

VS. A15 - 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING



959 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 23
	THE PERSON NAMED IN THE PARTY OF THE PARTY O		<u> </u>		TA Care present

	THE TOTAL OF BUILDING	2100,000,000
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Prince Segr SED MARYLAND	STATE COUNTY	
OR and give nearest town) CITY (1f outside corporate limits, write WURAL LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL an	d give nearest town)
TOWN Cheverly 19 days	TOWN Washington, D.C.	- 4
HOSPITAL OR INSTITUTION OR STREET ADDRESS June Georges Sen- Hosp	STREET ADDRESS 4025-13 in Street	t. 7. E-1
3. NAME OF DECEASED: (First) (Middle) (Type or Print) Elmabeth D. 1/4	(Last) 4. DATE (Month) (Day OF DEATH / - //	y) (Year)
5. SEX: 6. COLOR/OR 7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORGED,	E OF BIRTH: 9. AGE last birthday: IF UNDER 1	YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O		CITIZEN OF WHAT
work done during most of work life, even if retired):	Varsama	COUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	1
Frank Hamphaer	Besse Sargen Hord	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: (Yes, no, or unk.) (1f Yes, give war or dates of	17. INFORMANT & ADDRESS:	
service)	Hornital Records	
	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a) Evropia		
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, (b)	rust	
giving rise to the above cause DUE TO	1 1	
stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	hock	1
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Shifting May	dry though Farly de generation of h	iver.
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION		20. AUTOPSY?
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory	(County)	Yes No [
PRIMARY Or CONTRIBUTING OF Street, office bldg., etc CAUSE OF DEATH.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	21f. HOW DID INJURY OCCUR?	
INJURY M. work at work		
22. I hereby certify that I took charge of the remains descri		
find that death resulted from: Natural causes , Acci	CHIEF MEDICAL EXAMINER	DATE SIGNED
Och DAM along (it attackly tind)	M. D. ASSISTANT MEDICAL EXAM.	1-19-1-1
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or c	ounty) (State)
REMOVAL (Specify): 1/21/56 ROCK CR	PEEK, CEM. WAShINGTON,	K
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/23/06 Uniteda Xione	1 4 1 / Tenes Co 2901-	14-31. 11.W.
	k	ASh. D.C.

VS. A15A - 5 - 53

PLEASE WRITE PLAINING, WITH age is especially important.

UNFADING INK. Supply every item of informion carefully. The correct Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BECENTED

3261 38 NAt

BUREAU V. S.

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BECEINED

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	WRITE
	PIEASE

VS. A15A - 5 - 53

MEDICAL EXAMINER'S CERTIFICA	TE OF D	EATH	No. 23
I. PLACE OF DEATH: 2. USUAL RES	BIDENCE (HOME) OF I	ECEASED:	
COUNTY MARYLAND STATE Y	nd county	Mr. Set) —
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and De nearest torn) TOWN CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR OR TOWN	utside corporate limits w	rice RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR CONCE GLOSS SIM- LOSSIAN ADDRESS	4	d ave	/
3. NAME OF DECEASED: (Type or Print) (da Virginia Williams	4. DATE OF DEATH	(Month) (Day	(Year) - 1956
5. SEX: 6. COLOR OR BACE: 7. SINGLE, MIRRIED, 8. DATE OF BIRTH: WIDOWED DIVORCED, 1-12-1872	0 85	Months D	TEAR IF UNDER 24 HRS Bys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): 10b. KIND OF BUSINESS OR II. BIRTHE	LACE (State or foreign	country): 12.	CITIZEN OF WILA
James & Blackford Fran	CEO ESSE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (16. SOCIAL SECURITY No.: 17. INFORMANT (Yet, no, or unk.) (If Yes, give war or dates of service)		e addr	ממ
I8. MEDICAL CERTIFICAT	ION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			ONSET AND DEATH
Antecedent cause(s)	0 80°0 los	61 -	
giving rise to the above cause DUE TO	0		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:			20. AUTOPSY? Yes \(\subseteq \text{No} \(\subseteq \)
21a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY OF STREET, OFFICE BLDG.)	toutle - B.	Sug -	(State)
OF INJURY - 10-56-12 M. While at work of while at work of the wo	while prepari		gume ig -
22. I hereby certify that I took charge of the remains described above, he find that death resulted from: Natural causes [], Accident [3], Suice	eide 🗌 , Homicide	, Undeter	rmined cause
John Maloney (Hyattsville Mal) M. D. I	CHIEF MEDICAL EXA DEPUTY MEDICAL EX ASSISTANT MEDICAL	AMINER EXAM.	1-10-56.
13. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMAT REMOVAL, (Specify): 1/1/56 Fort Lines of Cremato	ry Colman)	hansy)	nd
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. LANGUAGE L	his Sons H	tallerl	le, ma

DECEIVED

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A15-10-53

VS.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

. T	CERTIFICATE OF DEATH Reg. Dis	st. No. 25/
oly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE	ED:
carefull legibly.		na Tery
ion ca	CITY (If outside corporate limits, write RURAL OR and give hearest town) TOWN CITY(If outside corporate limits, write RURAL (in this blace) TOWN CITY(If outside corporate limits, write RURAL (in this blace) TOWN TOWN	many land
item of information carefully of death clearly and legibly.	HOSPITAL OR STREET ADDRESS AND LINE TURN THE ADDRESS AND LINE TO THE ADDRESS A	love 15
em of inf	3. NAME OF (First) (Middle) (Last) World 4. DATE (Month) OF (Type or Print) (Type or Print) (Middle) (Last) World (Last) World (Last) World (Last) (Month) OF (Last) (Last) (Month) OF (Last) (Middle) (Last) (Last) (Month) OF (Last) (Month) (Middle) (Mid	(Day) (Year)
	5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE OF BIRTH: 9. AGE last birthsty Ir under WIDOWED, DIVORCED, JAN. 26/1877 78. WIDOWED, DIVORCED, JAN. 26/1877 78. WIDOWED, DIVORCED, JAN. 26/1877	
Supply every te the causes	10A. USUAL OCCUPATION (Give kind of pork done during most of working life. OR INDUSTRY: THE TREE PARKET TOWNS APPLIED TO SELECT TO SELECT TOWNS APPLIED TO SELECT TOWNS	COUNTRY?
upply the	13. FATHER'S NAME: [14. MOTHER'S MAIDEN NAME: [14. MOTHER'S MAIDEN NAME: [15. FATHER'S NAME: [16. MOTHER'S MAIDEN NAME: [17. MOTHER'S MAIDEN NAME: [17. MOTHER'S MAIDEN NAME: [18. MOTHER'S MAI	
. 'E	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY No. 17. INFORMANT & ADDRESS:	
INK se w	(Yes, no se unk.) (If Yes, give war or dates 579-20-1898A. OSCAR M. MILLER 4228	Occornance.
	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	THE BRYNCE BEING
NIO	ANALYSIS ON CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND MEATI
FA.	IMMEDIATE CAUSE (A) TOWN OUT TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOW	- days
UNFADING sicians: plea	DISEASES OR CONDITIONS, IF ANY. (B) Jewelly us Ortorioselerous	2"
WITH UNFAI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	•
nt.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
AINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
[N]	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
3		YES NO
ent.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER)	nty) (State)
R WRITE	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
e 0	22. I hereby certify that I attended the deceased from 1.3, 1956, to 1.3, 1956, that I las	t saw the decease
TYPE (alive on	stated above.
SE	23. BUTIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town,	or county) (State
A	FEMOVAL (SPECIFY) 1 1/1/2/1/1/2	Sals. MR
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR SIGNATURE W. W. CHAMBERS CO-RIVE	ADOBÉSS PRIACE MU
	for the state of t	

DECEIVED IN 11 1956